The new inspection process for End of Life Care

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Our purpose and role

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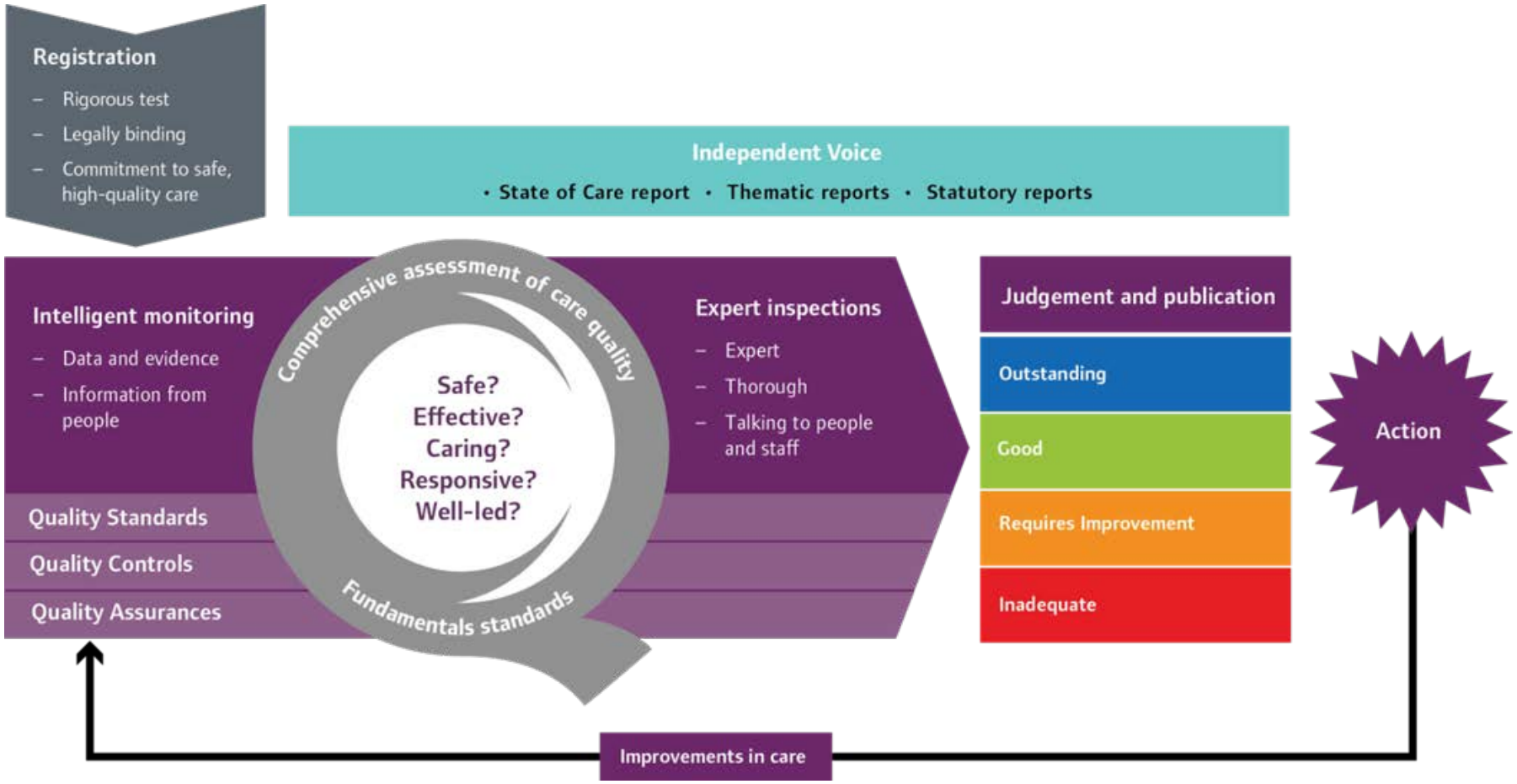
We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

Our role

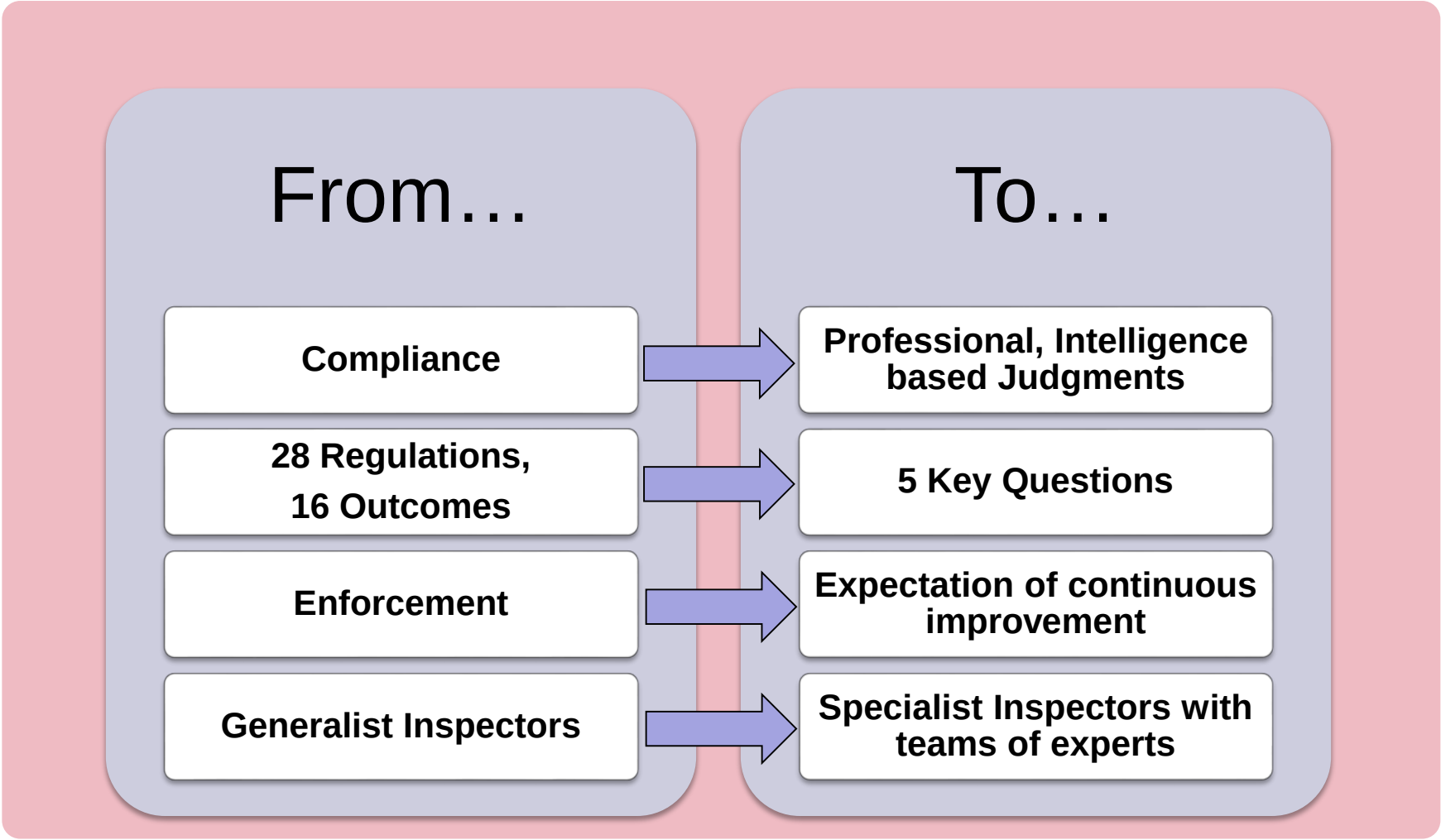
We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care

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

Our new approach



What is different about our new approach?



Our key questions

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.

Rating four point scale

Judgement & publication	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

What about CQC's inspection of End of Life Care?

Common elements in our inspection of End of Life Care across sectors:

- We look at the care of people who are likely to be in the last 12 months of life.
- Non-specialist care as well as specialist palliative care, and holistic care and support.
- Care during the last 12 months of life, care in the last days and hours of life, care after death and bereavement support.
- Our definition of Good reflects the 16 quality statements in NICE Quality Standard 13 and the five Priorities for Care of the Dying Person.

So what does this mean for inspection of End of Life Care…

…in hospitals and community services?

- A core service we look at on every inspection.
- Wherever people receive care, not just in palliative care services.
- Whoever delivers care, not just specialist staff.
- Includes non-clinical areas - chaplaincy service, bereavement office, mortuary.
- Separate rating for the quality of the End of Life Care service, and for each key question.

So what does this mean for inspection of End of Life Care…

…in hospices?

- From January 2015.
- Tailored approach for hospices and hospice at home services.
- The team: CQC inspector(s), a clinician or professional, an expert by experience, a pharmacist inspector.
- The size of the team will reflect the size of the service.
- An overall rating for the service, and ratings for each of the five key questions.

So what does this mean for inspection of End of Life Care…

…in care homes?

- "Is the service caring?"
- "How are people supported at the end of their life to have a comfortable, dignified and pain free death?"
- And throughout our approach, do people receive personalised care that is responsive to their needs?
- No separate rating for quality of End of Life Care.

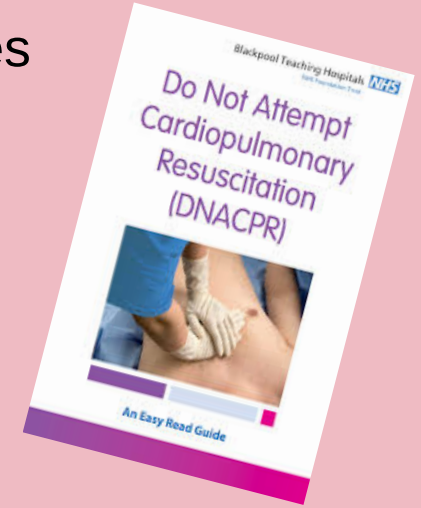
What does this mean for inspection of End of Life Care…

…GP practices (Primary Medical Services)?

- Two waves of pilot inspections between April and September 2014. Rating GP practices since October 2014.
- Same KLOEs- EOLC features under “Effective” and “Caring”, looking at effective co-ordination, involvement in decisions and emotional support.
- No separate rating for quality of End of Life Care, but do rate population groups, including older people and those with long-term conditions (LTCs).

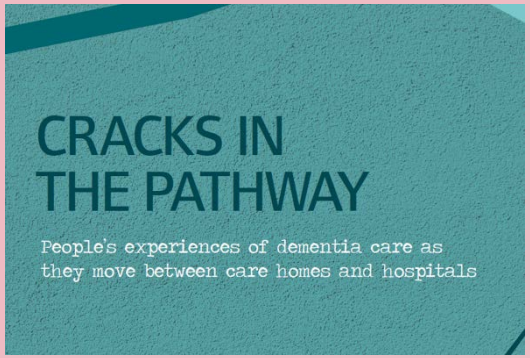
What have we found in our hospital and CHS inspections so far?

- 56% of services rated were Good or Outstanding for EOLC:
  - 90% of end of life care services were rated Outstanding or Good for the question “Are services caring?”
- 44% of services rated were Inadequate or Requires improvement for EOLC services:
  - Variation in quality of EoLC within services
  - Some poor use of DNACPR forms
  - Lack of privacy and bereavement care
  - Poor documentation regarding patients’ wishes for EoLC
  - Poor coordination of discharge arrangements for those wishing to die at home



Thematic review: Inequalities and variation in EOLC

- Our thematic review programme **expands the understanding of quality of care** beyond our existing regulatory activity, and provides an **authoritative voice** on priority issues.



- We asked our stakeholders, including people who use services, what aspect of EOLC we should focus on, and they said the **differences in quality of care which people experience**.

- Inequalities in people's experience of end of life care, both between different geographical areas and across different groups of people, are well-documented.

Inequalities and variation in EOLC: our questions

1. What factors prevent people from different areas and from particular groups from experiencing good quality, joined up care at the end of life?
    - People with a diagnosis other than cancer
    - Older people (over 75)
    - People with dementia
    - People from BAME groups
    - Other groups of people who may have specific needs: people with learning disabilities, LGBT people, people who are homeless, prisoners, travellers and Gypsies.
2. What good practice can others learn from at local level?
3. What action can national and local stakeholders take in the next five years to address inequalities in experience of end of life care?

Inequalities and variation in EOLC: work streams under way

Data review

- CCG profiles based on available data.
- We used the profiles to select a sample of 43 CCGs, based on demographic spread, geographic spread, and performance measures e.g. VOICES data.
- Overall we found limited data at a CCG level on inequalities in end of life care.

CCG perspective

- We have asked the 43 CCGs whether EOLC is a priority for them, and about EOLC in their local area, including their role in meeting the needs of all groups.
- London CCGs in our sample are: Newham, Brent, Haringey, Southwark, Central London (Westminster), Greenwich, Barking and Dagenham, Havering.

Inequalities and variation in EOLC: initial findings from CCGs

- Response rate was 70%, but significant variation in level of detail.
- All respondents reported having a dedicated lead for end of life care.
- Most CCGs were making provision for EOLC, but only 4 were making specific provision for the priority groups.
- All CCGs with an EOLC strategy said it reflected the needs of those with non-cancer diagnoses and dementia to some extent, and 96% said that the strategy took account of the needs of older people.
- However limited evidence that CCGs took specific action.
- 11 CCGs commissioned training on EOLC for people with dementia.
- Over half said they do not monitor the experience of those in priority groups.

Inequalities and variation in EOLC: work streams in development

People's experience

We will document the experience of people from our priority groups:

- Focus groups to identify key issues.
- Surveys of people with experience – piloted with carers of people with dementia with Dementia Action Alliance and Alzheimer's Society.
- Tracking people's experience across services in CCG areas.

Local area fieldwork

- Follow the journey of people who have received EOLC.
- We will talk to families and carers, look at records, visit services and talk to staff.
- Focus on timely identification and coordination of care.

Inequalities and variation in EOLC: outputs

- We will work with others in the health and care system to identify recommendations for national and local stakeholders, including commissioners.
- We will reflect our findings in the development of our inspection approach across sectors.
- We will identify and share good practice, and describe how it is achieved.
- We will produce a national report, scheduled for April 2016.
- We will work with stakeholders to take forward our recommendations.

Thank you!

Thank you!

Any questions?

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