

# Going for Gold Awards Ceremony

**Mary Cridge, Director of Adult Social Care**  
The Gold Standards Framework Awards Ceremony  
2022, 7 October 2022

# Our role and purpose

The Care Quality Commission is the independent regulator of health and adult social care in England.

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



# Unique oversight of care



- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

23,215 adult social care services  
138 NHS acute hospital trusts  
294 independent acute hospitals  
83 community health providers or locations  
10 NHS ambulance trusts  
129 independent ambulance services  
199 hospices  
49 NHS mental health trusts  
227 independent mental health locations  
10,944 dental practices  
6,430 GP practices  
165 urgent care and out-of-hours

# New powers

CQC has new roles:

- The Health and Care Act gives CQC a role in reviewing **integrated care systems**
- It also gives CQC a new duty to assess how **local authorities** are meeting their social care duties under part 1 of the Care Act



These will allow us to look more effectively at how care provided in a local system is improving outcomes and reducing inequalities.

We've engaged extensively over the last year on how we'll do this. We want to bring together a view of quality across a local area and put people at the centre of driving improvement in care.

# Care Act 2014 (part one)

CQC's new duty is to assess how **local authorities** are meeting their social care duties under part 1 of the Care Act

Local authorities have duties to people who live in their areas around:

- Prevention
- Information and advice
- High quality, appropriate services



## Care Act 2014

# Local Authority assessment: timeline

- The Local Authority assessment framework will go live in 2023/24
- We've been engaging on our approach for more than 12 months already to develop the scope and content of the assessment framework
- We're complementing and building on Sector-Led Improvement
- The first two years, from April 2023, are 'baselining' before moving to an agile and responsive model



# A single assessment framework

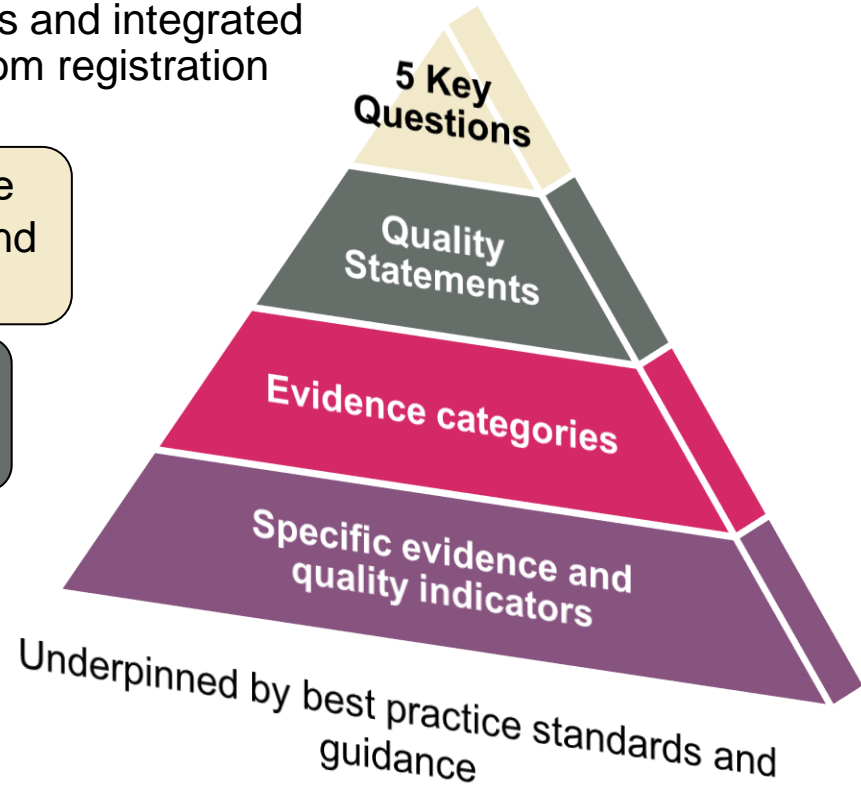
Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with “I” statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

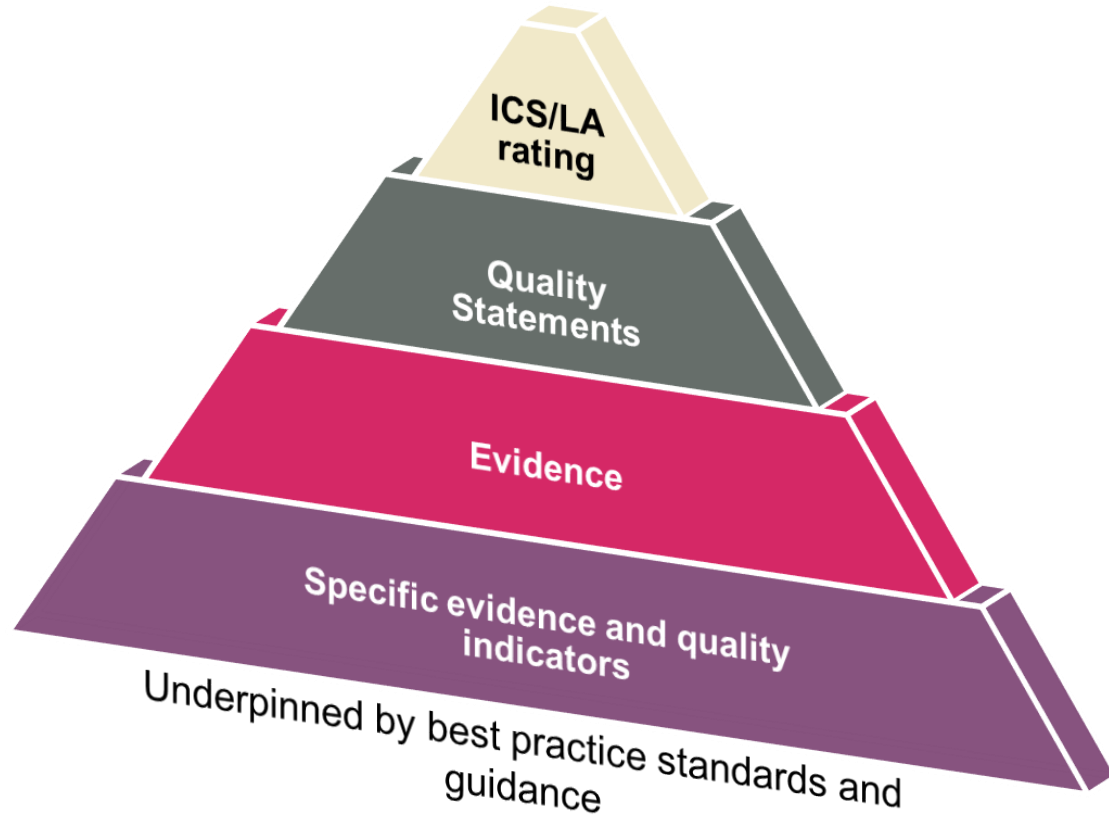
Expressed as “We” statements; the standards against which we hold providers, Local Authorities and Integrated Care Systems to account

People’s experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group



# The framework for ICS/LA







**'I' statement:** When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.



**'We/quality' statement:** We work in partnership with others to establish and maintain safe systems of care in which people's safety is managed, monitored and assured, especially when they move between different services.

# Our new strategy

We are being ambitious.

We're changing how we regulate to improve care and services for everyone.

Regulation will be more relevant to how care is delivered, and more flexible to manage risk and uncertainty.

This is our new strategic direction as the health and care environment continues to evolve.



# Our new strategy: key themes

- Regulation driven by people's needs and experiences
- Smarter, more dynamic and flexible regulation that provides up-to-date and high-quality information and ratings
- Regulating for stronger safety cultures across health and care
- Enabling health and care services and local systems to access support to improve the quality of care where it's needed most

We'll implement our new strategy over the next five years so we can be flexible and adapt to changes in health and care.



# Person-centred care

- We'll build the trust of people who use services by being open and honest about what we've done with their feedback
- We know that people are often afraid to speak up
- We will also assess how providers work together as a system



# A different ending: End of life care review

We found:

- People from certain groups in society are experiencing poorer quality care at the end of their lives than others
- Providers might not be fulfilling their duties under the Equality Act 2010
- Staff are not always having conversations with people early enough about their end-of-life care
- Action is needed to make sure everyone has the same access to high quality, personalised care at the end of their lives



# A different ending: People's experiences

CQC review of dying in various settings, particularly for those less likely to receive good care:

- people with conditions other than cancer
- older people
- people with dementia
- people from black and minority ethnic backgrounds
- people who are LGBT
- people with a learning disability
- people with a mental health condition
- people who are homeless
- people who are in secure or detained setting
- Gypsies and Travellers



# Protect, respect, connect

- In October 2020, the Department of Health and Social Care asked CQC to review how decisions on 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) orders were used during COVID-19
- We made our position clear on how DNACPR decisions should be made at the beginning of the pandemic
- We published an interim report in Dec 2020 based on intelligence received from people sharing their experience, stakeholder groups and reviewing existing guidance



# What did we do?


- We looked at hospitals, community health services, ambulances, primary care (excluding dental services) and adult social care (including supported living schemes)
- We consulted with stakeholders
- We focused on:
  - People at the centre
  - Shared vision, values, governance and leadership
  - Workforce capacity and capability
- We gathered the experiences of people and their families at a national level





# Themes

- Concerns raised as part our scoping exercise were confirmed through fieldwork
- A mixed picture around blanket and/or inappropriate use of DNACPRs
- Poor record keeping means that it has not been possible to verify the extent of the problem



Information,  
training and  
support

Consistent  
national  
approach

Improved  
oversight  
and  
assurance

**Thank you  
for your hard  
work, inspiration  
and dedication  
every day.**





## Receive our Provider Bulletin

<https://www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc> or Search: CQC bulletin



## Follow us on social

@CQCProf @CQCProf



youtube.com/user/cqcdigitalcomms



facebook.com/CareQualityCommission



## Get involved on our digital platform

<https://cqc.citizenlab.co/en-GB/> or Search: Citizenlab CQC



## Listen to our Podcasts

Wherever you listen to Podcasts

Search: CQC Connect



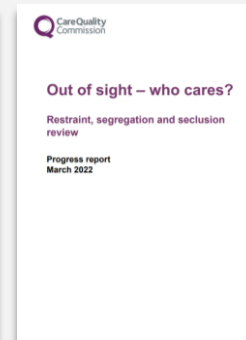
## Read our Blogs

<https://medium.com/@CareQualityComm>

or Search: Medium CQC

## Latest Publications

<https://www.cqc.org.uk/publications>



# Mary Cridge

Director of Adult Social  
Care

 @CQCProf

 [youtube.com/user/cqcdigitalcomms](https://youtube.com/user/cqcdigitalcomms)

 [facebook.com/CareQualityCommission](https://facebook.com/CareQualityCommission)

