

## **CQC Strategy Consultation – The Disabilities Trust Response**

### **The Disabilities Trust:**

The Disabilities Trust is a nationwide charity offering specialist community-based and residential support for adults with acquired brain injury, complex physical or learning disabilities and for people with autism, including those in education. Working alongside those supported by The Disabilities Trust, their families and friends, local authorities, health authorities, housing associations and other organisation, The Trust provides leading-edge services, meeting the needs of people with complex and challenging disabilities.

### **Introduction:**

Overall, we welcome the ambitions set out in the CQC's new strategy, which we feel address some of the key challenges faced by the sector. We are pleased to see the strategies real time focus, moving beyond inspections, to regulation with flexibility. The strategy also suggests an integrated approach to regulation across the journey of the service user, including assessing a service as part of a system of support, which is in step with the Government's recent White Paper. We are, however, concerned the strategy lacks detail on the tactical application and timescales for the outcomes described. Many of these ambitions represent a significant leap forward, most notably within the digital space, and we are keen to understand how this strategy will be put in place and what processes will be created to support it.

### **Theme 1: People and Communities:**

Whilst we welcome the aims of this theme to enable individuals to share their experience of care, it will be important to clarify how this will be achieved. A clear definition of what outstanding, good and poor care and support looks like, which is accessible to all will support this ambition. Engagement with disabled people must also be accessible and meaningful, with online data collection as part of a wider consultation with multiple formats of participation enabled. Successful engagement should include clear and tangible routes to participation that are timely and accessible and provide feedback on progress.

Research has indicated meaningful engagement and feedback is a great way to improve and review care. A number of organisations have tried to understand how engagement can be improved, including:

- Interactions which are supported by clinicians involved in their care.

- The use of small groups (however, this does come with its own challenges, including ensuring a representative sample<sup>1</sup>).
- Using a range of different methods to meet the needs of different audiences, such as focus groups, surveys and one-to-one interviews<sup>2</sup>.

In their 2016 paper, National Voices identified a number of criteria which form part of an individual's experience of care and could be used as measures of success, some of which include:

- involvement in decision-making,
- access to records and personal budgets,
- wellbeing and confidence to manage and
- reported access to personalised care and support planning<sup>3</sup>

It will be critical to the success of this ambition to develop similar criteria when engaging with individuals and ensure that all individuals with complex needs can be supported to participate. If implemented effectively this ambition will challenge both commissioners and providers to co-design and co-produce services which will truly empower and prioritise people and communities. A more detailed consensus on quality will also provide communities a greater understanding on what to expect from care and how to positively engage.

## **Theme 2: Smarter Regulation**

We are pleased to see reconsideration of the reliance on scheduled inspections towards regulation with flexibility, with increasing use of digital interfaces to engage with providers. It will be critical, however, to ensure the interoperability between the CQC and providers.

We welcome the proposed integrated approach to regulation across the journey of a service user. However, as there are often many different providers, who are regulated by different bodies, involved in an individual's care it will be critical to avoid duplication and minimise any added impact on providers resources and capacity.

Regulation across a system will require significantly different skill sets and expertise to assess these variable settings. As such investment to develop skills and the ability of inspectors to achieve the objectives, as laid out in the strategy will be integral to its success. In an interim period whilst this is being phased in, greater liaison and joint working of the differing inspection regimes will be vital.

Ratings are a key business issue, as well as a patient safety and quality issue. We would urge the CQC to clarify how dynamic and fluid ratings change will be used within the new approach. As inspections become less frequent, it could take longer for subsequent improvements to be recognised and ratings altered. In the meantime, this may have a significant impact on occupancy and ultimately the service’s viability. We are concerned about how efficiently providers will be able to ensure improvement is recognised within ratings change.

### Theme 3: Safety through learning

Learning and improvement must be the primary response to all safety concerns in all types of service. Safety is a fundamental consideration for a care provider, and we are pleased it features in CQC’s strategy. As important as it is to report incidences once they have happened, we would welcome the opportunity for CQC to acknowledge and record when providers put in place measures to prevent incidences and ensure safety. Compared to reporting incidences, recording and demonstrating new safety measures can be more difficult to do.

<p>“Patient safety is the avoidance of unintended or unexpected harm.” – NHS Improvement</p>	<p>“Patient safety is the absence of preventable harm to a patient during the process of health care and reduction of risk of unnecessary harm associated with health care to an acceptable minimum.” – World Health Organisation (WHO)</p>
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With similar, but varying definitions of safety from leading organisations, we welcome the opportunity for CQC to provide clearer standards of ‘good’ and a definition of safe care and support. To support the ambition to define ‘safety in different health and care sectors and services’, the CQC should ensure it engages all providers and sectors.

Secondly, it will be important to provide consistency with the Government’s new Integration and Innovation: Working Together to Improve Health and Social Care White Paper (2021)<sup>4</sup>, which also highlights the needs for the introduction of measures to ensure safety in the NHS, including the creation of an independent statutory body to oversee safety investigations.

To balance the focus on safety and management of risk, the strategy should also embed a positive risk-based approach, which will avoid the risk of protectionism in the delivery of

care. This would ensure that this type of positive risk approach is not discouraged as an unintended consequence of this ambition.

#### **Theme 4: Accelerating Improvement**

This ambition will act as a real driver for improvement and innovation, as well as support increased collaboration between providers and regulators. However, it also broadens the CQC's remit and responsibilities and there is a risk that this may blur the focus of the CQC's primary role. We are keen to understand how CQC will adopt the role of both a regulator and improvement facilitator and how this will change the way it in which it interacts with providers.

#### **Lessons From The Pandemic**

Whilst the pandemic has undoubtedly been challenging there are some positive lessons to learn from the risk-based approach adopted by the CQC, which may be useful to take forward in the new strategy. During the pandemic the CQC provided very clear IPC inspection plans, which provided organisations with a clear picture of what 'good' looked like. This enabled organisations to ensure all services were operating at an optimum level. This partnership approach to regulation was both reassuring and regulatory.

The pandemic has also enabled the CQC to communicate better and more often with providers, which is an important model to take forward into the new strategy period.

#### **Conclusions:**

Overall, The Disabilities Trust agrees with the ambitions outlined by CQC as part of their new strategy. Before its implementation, however, we would welcome additional clarity to understand how these ambitions will be achieved, the role of providers in supporting them and the timescale in which we can expect these outcomes to be delivered.

#### **References:**

<sup>1</sup> Dalton, J., Chambers, D., Harden, M., Street, A., Parker, G., & Eastwood, A. (2016). Service user engagement in health service reconfiguration: a rapid evidence synthesis. *Journal of Health Services Research & Policy*, 21(3), 195-205.

<sup>2</sup> Nursing Times. (2020). Patient feedback: how effectively is it collected and used? Available at: <https://www.nursingtimes.net/clinical-archive/patient-experience/patient-feedback-how-effectively-is-it-collected-and-used-16-11-2020/>

<sup>3</sup> National Voices. (2016). *Six principles for engaging people and communities*. Available at: [https://www.nationalvoices.org.uk/sites/default/files/public/publications/six\\_principles\\_-\\_definitions\\_evaluation\\_and\\_measurement\\_-\\_web\\_high\\_res\\_0\\_1.pdf](https://www.nationalvoices.org.uk/sites/default/files/public/publications/six_principles_-_definitions_evaluation_and_measurement_-_web_high_res_0_1.pdf)

<sup>4</sup> Department of Health and Social Care. (2021). *Integration and innovation: working together to improve health and social care for all*. Available at: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>