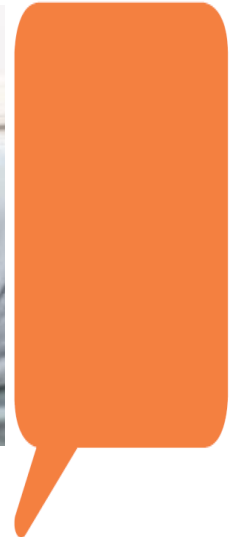
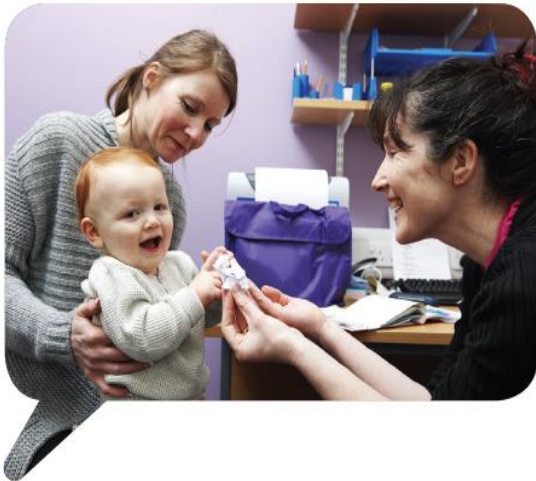


CQC Update  
4 November 2014  
Inspection Managers:  
Maira Black  
Joanne Ward



# Our purpose and role



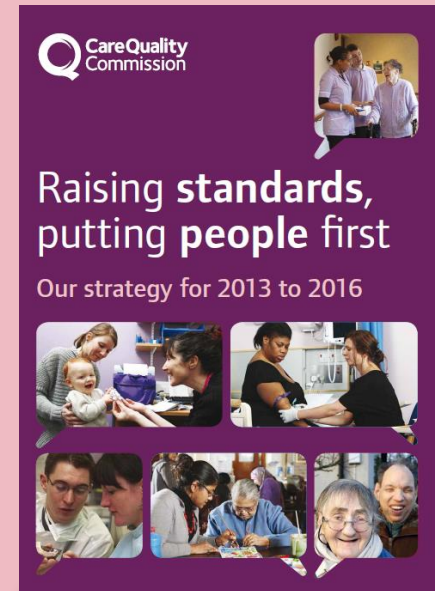
## Our purpose

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, expert inspectorate that is always on the side of people who use services**



# The landscape of care



## General public

**53 million** (35 million adults)

## Private hospital

**1.4 million** people receive treatment in a private hospital / year

## Dentists

- **22 million** on a dentist list
- 15 million NHS
- 7 million private

## Health & social care staff

- 1.7m NHS staff
- 1.5m in adult social care

## Care homes

- **565,000** residents
- 165,000 going into care per year
- 39,000 people with learning disabilities in residential care
- 18,000 in a care home or care in their own home with no kith or kin

## GP practices

- **52 million** registered with a GP
- 150m appointments / year

## Home-care

**700,000** people receiving home-care support per year

## NHS hospitals

- 90 million outpatient appointments / year
- 11 million inpatients / year
- 18 million A&E attendances
- 5 million emergency admissions / year
- 600k maternity users
- 42,000 detained and treated against their will

**Stroke 1m**    **Diabetes 3m**    **Arthritis 8.5m**    **Cancer 2m**    **Dementia 0.7m**  
↑25% by 2020    ↑67% by 2025    ↑100% by 2030    ↑100% by 2032    ↑100% by 2040

## 2013/14: OUR YEAR AT A GLANCE

30,334  
LOCATIONS  
INSPECTED



IN  
NUMBERS

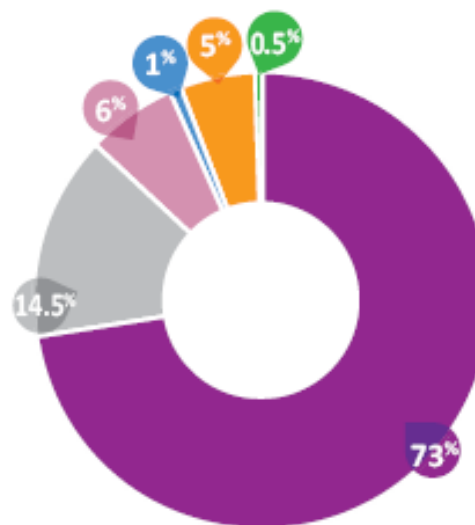
9,473  
WHISTLEBLOWING  
CONTACTS



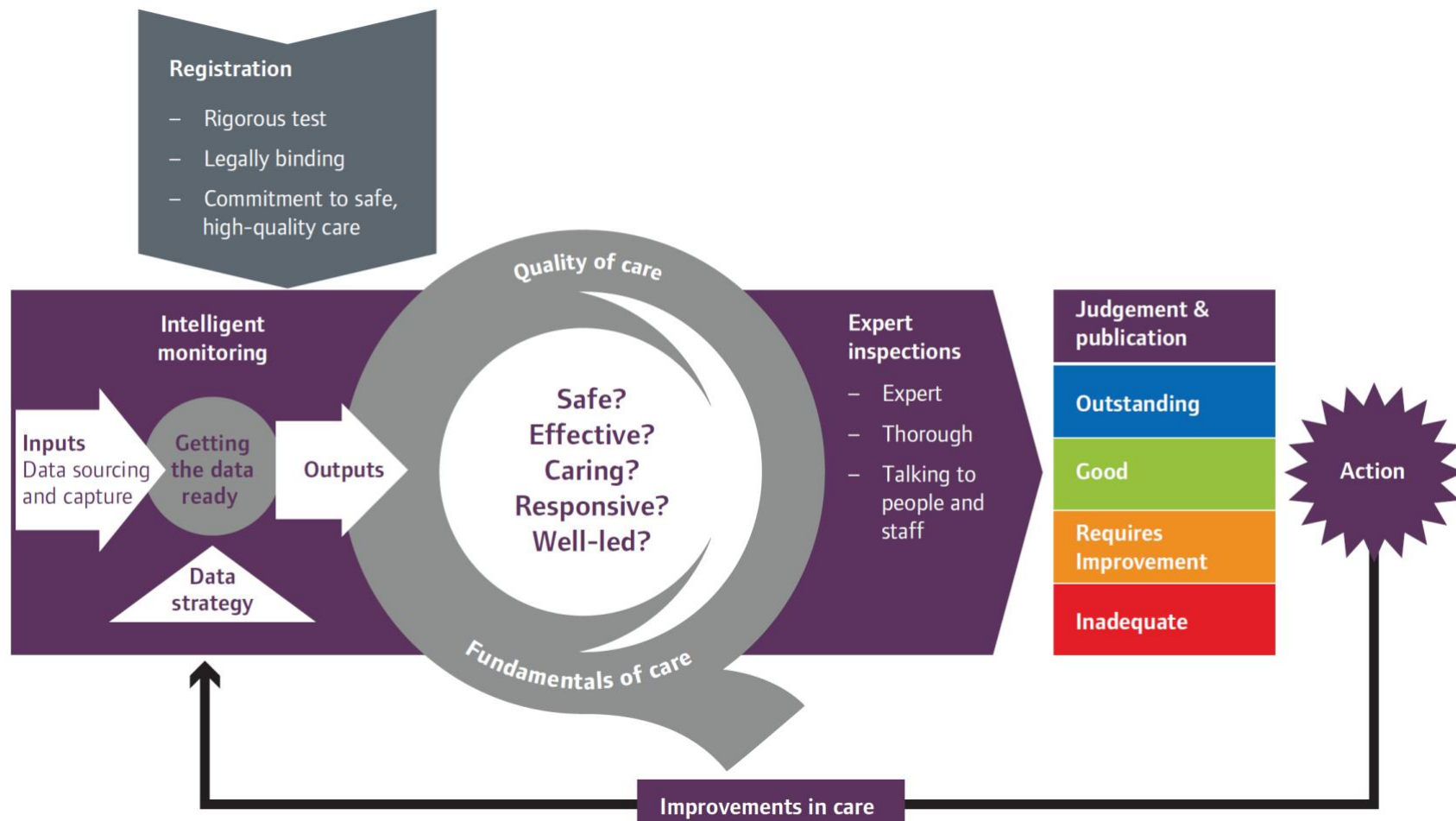
1,456  
WARNING  
NOTICES SERVED



INSPECTIONS BY SECTOR



# Our new approach



# Timeline



## Our New Approach

### October 2013

- First 'wave' of NHS acute trusts
- We published Intelligent Monitoring for all NHS acute trusts
- Plans for ASC, GPs, mental health, and community health

### January 2014

- First 'wave' of inspections of mental health, community health, and out of hours primary care
- First ratings published for NHS acute trusts

### April 2014

- Regulation of NHS acute trusts now using new approach
- First 'wave' of inspections of GP practices and adult social care
- Regulatory handbooks published for consultation for all major providers

### July/August 2014

- First 'wave' of inspections of ambulance services
- Guidance on legal regulations underpinning our work published for consultation
- Plans for dentists and substance misuse services

### October 2014

- Regulation of adult social care providers using new approach – first ratings
- Regulation of GPs using new approach
- Regulation of community and mental health – new approach

### January 2015

- Regulation of ambulances using new approach
- First 'wave' of inspections of prison healthcare services, dentists, substance misuse services and independent doctors

### April 2015

- Regulation of all health and care providers using new model



# What are we doing differently?



- Larger inspection teams including **specialist inspectors, clinical experts, and Experts by Experience**
- **Intelligent monitoring** to decide when, where and what to inspect
- Inspections will focus on **five key questions** about services
- We have developed **services/groups and pathways** that we focus on in each sector
- **KLOEs (key lines of enquiry)** form the overall framework for a consistent and comprehensive approach
- **Ratings** compare services and highlight where care is outstanding, good, requires improvement or inadequate

# Our new approach

We ask these questions of services:

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





# Four point scale

## Judgement & publication

Outstanding



Good

Requires  
Improvement

Inadequate

## High level characteristics of each rating level

Innovative, creative, constantly striving to improve, open and transparent

Consistent level of service people have a right to expect, robust arrangements in place for when things do go wrong

May have elements of good practice but inconsistent, potential or actual risk, inconsistent responses when things go wrong

Severe harm has or is likely to occur, shortfalls in practice, ineffective or no action taken to put things right or improve

## Get involved



- [CQCchanges.tellus@cqc.org.uk](mailto:CQCchanges.tellus@cqc.org.uk)
-  [@CareQualityComm](https://twitter.com/CareQualityComm)
- [www.cqc.org.uk](http://www.cqc.org.uk)

