CARE QUALITY COMMISSION IN ENGLAND

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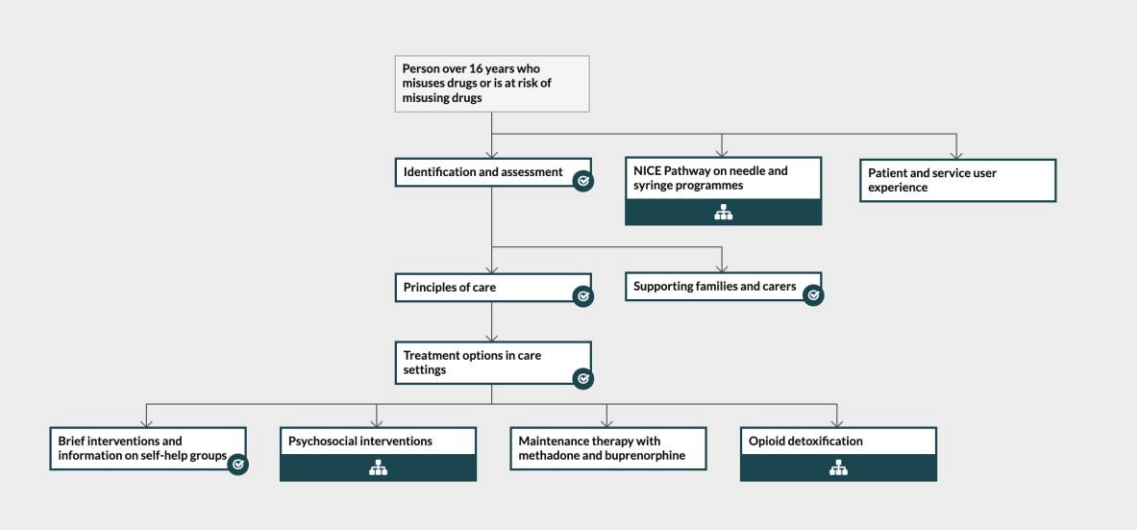
FENIQS-EU

BACKGROUND

- Overview of activities undertaken by the Care Quality Commission (CQC) in England
- I am not employed by CQC and have no role in the development or delivery of described actions
- Providing an overview in role as FENIQS-EU advisor
- CQC regulates services/organisations - Not possible to isolate prevention activity

Drug misuse management in over 16s overview



NICE

National Institute for Health and Care Excellence

Department of Health

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Llywodraeth Cymru
Welsh Government

Scottish Government
Riaghaltas na h-Alba
gov.scot

Drug misuse and dependence

UK guidelines on clinical management

QUALITY STANDARDS IN UK DRUGS PREVENTION

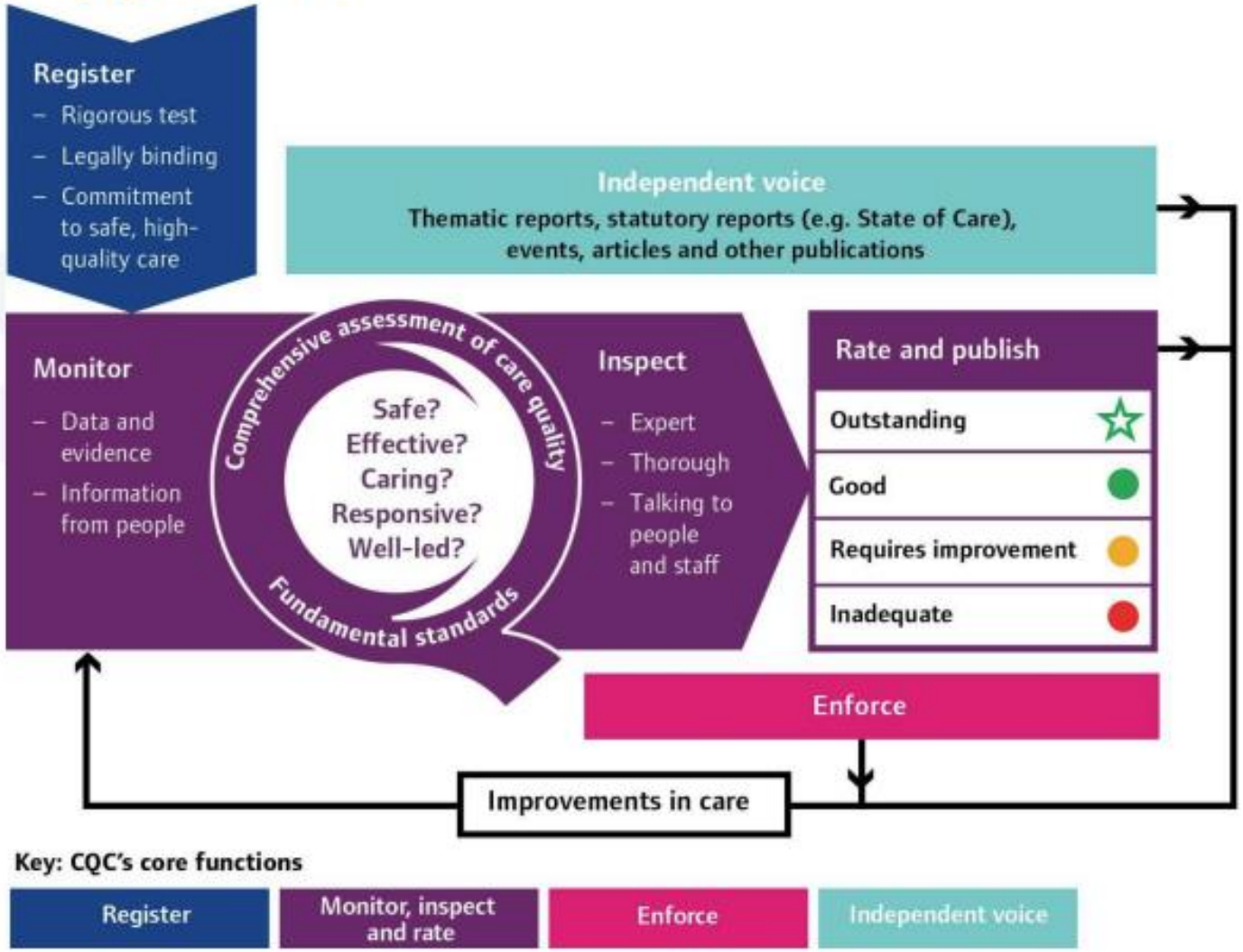
- Previous National Drugs Strategy (2017) referred to EDPQS
- NICE have published quality statements:
  - Statement 1 Looked-after children and young people having their annual health plan review are assessed for vulnerability to drug misuse.
  - Statement 2 Care leavers having a health assessment as part of planning to leave care are assessed for vulnerability to drug misuse.
  - Statement 3 Children and young people having a young offender assessment are assessed for vulnerability to drug misuse.
  - Statement 4 Adults assessed as vulnerable to drug misuse are given information about local services and where to find further advice and support.
- NICE guidance on targeted prevention (2017) not implemented

The role of the CQC:

Independent regulator of all health and social care services in England

- The Care Quality Commission (CQC) is a non-departmental public body of the Department of Health and Social Care (DHSC) established in 2009 to provide QA and QC of health and social care services in England, including services in the drugs field
- The Statutory function of the CQC were first set out in the Health and Social Care Act 2008
- Sets National Essential Standards of Quality and Safety
- Compliance monitoring and regulation of services against standards through:
  - Direct observations and interviews at inspection
  - Data and surveillance pre inspection monitoring throughout the year
  - Action – where standards are not being met.

The CQC approach



5 Key Questions:

Safe	By safe, we mean that people are protected from abuse and avoidable harm.
Effective	By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence-based where possible.
Caring	By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.
Responsive	By responsive, we mean that services are organised so that they meet people's needs.
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

Are we safe?: CQC Key Lines of Enquiry

Domain – Safety	No.	KLOE
Be safe, we mean that people are protected from both abuse and avoidable harm and that there is an open and just culture, which promotes continual learning.	S1	How safe has care been in the past?
	S2	Can the provider demonstrate that they consistently learn when things go wrong and improve standards of safety as a result?
	S3	How reliable are systems, processes and practice?
	S4	How safe is care today?
	S5	How confident are we that care will be safe?

Are we effective ? CQC Key Lines of Enquiry

Domain – Effective	No.	KLOE
By effective, we mean that care and treatment provided to people is evidence based and achieves good outcomes for them, whether that is the prevention of premature death, the achievement of a good quality of life for those with long term conditions or following ill health/ injury, or indeed the achievement of a 'good death'.	E1	Is care and treatment planned and delivered in line with current legislation, standards and nationally/ internationally recognised evidence-based guidance, in a manner which doesn't just meet patient's needs but tries to deliver the best possible outcomes for them?
	E2	How does the provider support and facilitate multi-disciplinary working among services and organisation?
	E3	How does the provider work with other health and social care providers and support networks (including volunteer organisations and individual carers) to manage and meet peoples' needs?
	E4	How does the provider ensure that staffing arrangements enable the delivery of care and treatment an do not compromise on quality?
	E5	How does the provider monitor and improve the quality of its care and treatment?

Are we caring? CQC Key Lines of Enquiry

Domain – Caring	No.	KLOE
By caring, we mean that people are treated with kindness and respect and are supported to manage their treatment and care with dignity.	C1	How are patients, their relatives and those close to them, involved as 'partners' in their care – taking part in decisions about their care, with support where needed?
	C2	How do staff develop trusting relationships and communicate respectfully with people and those close to them, throughout their hospital stay?
	C3	How are patients, their relatives and those close to them, able to understand what is going to happen to them and why, at each stage of their treatment and care?
	C4	How are patients, their relatives and those close to them receive the support they need to cope emotionally with their treatment and hospital visit/ stay?
	C5	How are patients made to feel safe and comfortable and treated with dignity while they receive treatment and personal care?

Are they responsive? CQC Key Lines of Enquiry

Domain – Responsive	No.	KLOE
By responsive we mean that people receive the treatment and care to meet their needs, at the right time without avoidable delay, and that they are involved in a way that responds to their needs and concerns to improve the services provided	R1	How does the provider plan its services on the basis of the needs of the local population
	R2	How does the provider enable people from all its communities to access services in response to their needs
	R3	How do staff take account of patients needs at each stage of their treatment, especially patients who are in vulnerable circumstances or who lack the capacity to communicate their needs.
	R4	How do staff take account of patients' needs and wishes so that they are ready to leave hospital at the right time, when they are well enough and with the right support in place?
	R5	How does the provider involve patients, the public and their representatives, in planning its services, and routinely learns from people's experiences, concerns and complaints to improve the quality of care?

Are they well-led? CQC Key Lines of Enquiry

Domain – Well Led	No.	KLOE
By well-led, we mean that the leadership and governance of the organisation is effective in holding itself and others to account for decisions, performance and actions; it welcomes and seeks challenge and feedback and strives for improvement to deliver high quality, patient focused care through a supportive culture of fairness, openness and transparency.	W1	Is the governance framework coherent, complete, clear well understood and functioning to support delivery of high quality care?
	W2	How are staff concerns dealt with; risks identified, managed and mitigated in a manner that ensures quality care and promotes innovation and learning; and what assurances are sought and provided?
	W3	How does the provider make sure that the leadership within the organisation is effective, maintained and developed?
	W4	Are there high levels of staff engagement; cooperation and integration; responsibility and accountability; and do HR practices reinforce the vision and values of the organisation.

ENFORCEMENT

- The CQC's enforcement policy is set out under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Services are supported to make improve standards rather than enforcement wherever possible
- CQC will usually intervene if patients/service users are at an unacceptable risk of harm or providers are repeatedly or seriously failing to comply with their legal obligations
- Breaches of some regulations included in CQC inspections is a criminal offence:
    - Regulation 11: Need for consent
    - Regulation 12: Safe care and treatment
    - Regulation 13: Safeguarding service users from abuse and improper treatment
    - Regulation 14: Meeting nutritional and hydration needs
    - Regulation 20: Duty of candour
    - Regulation 20A: Requirement as to display of performance assessments

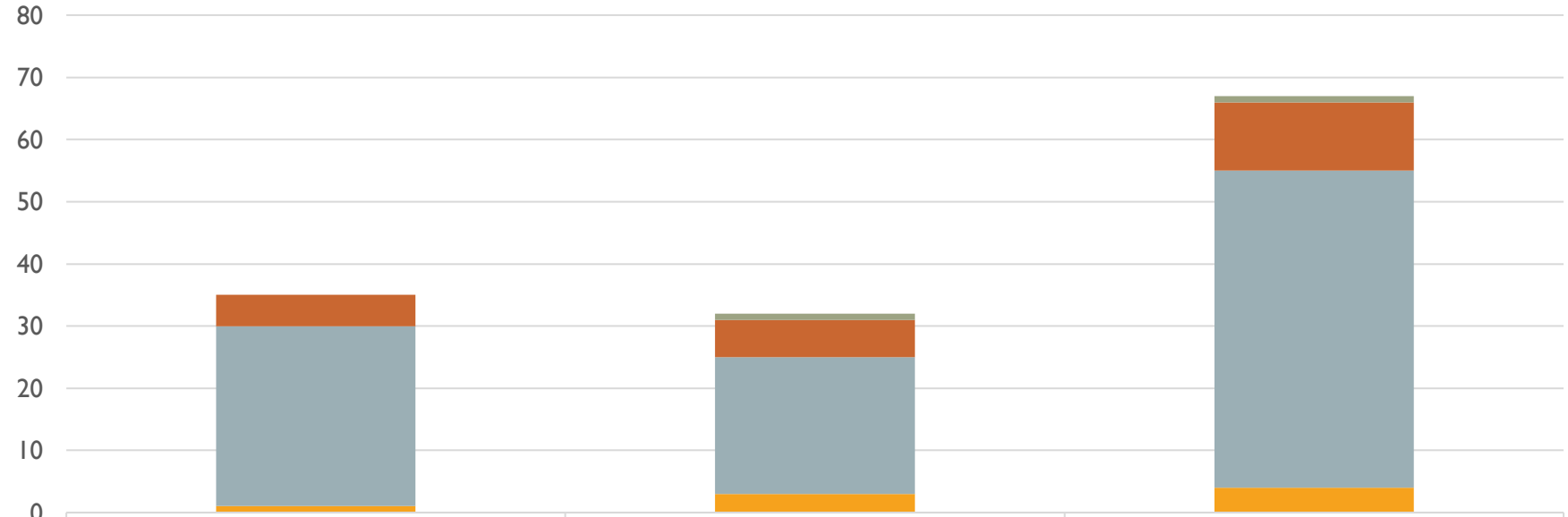
ENFORCEMENT ACTIONS

- Requirement/warning notices to set out what improvements the care provider must make and by when;
- Civil enforcement powers – including making changes to a service's registration to limit what they may do, including imposition conditions for a given time; and placing a provider in 'special measures', where quality of care is closely supervised; and
- Criminal powers - Hold the care provider and individual to account for their failings by:
  - issuing criminal cautions
  - issuing fines
  - prosecuting cases where people are harmed or placed in danger of harm

IMPACT OF CQC 1

- Effectiveness of drug services is assessed against adherence to clinical guidelines and quality standards published by NICE and Department of Health and Social Care Guidance.
- Outcomes of drug treatment are monitored independently through the National Drug Treatment Monitoring System (NDTMS), and reported by the Office for Health Improvement and Disparities (OHID).
- These reports do not break down client outcomes by provider.
- A local outcomes framework is currently being developed as part of actions announced in the 2021 Drugs Strategy which will enable comparison across areas and, in some cases, funding may be dependent on showing progress on these outcomes. This may allow for analysis on the basis of CQC quality ratings.

CQC Substance Misuse Services Ratings April 2022



	Community	Residential	All
Inadequate	0	1	1
Requires Improvement	5	6	11
Good	29	22	51
Outstanding	1	3	4

2016 CQC REPORT ON RESIDENTIAL DETOXIFICATION SERVICES

- 68 services inspected, 49 (72%) formally required to make improvements because of breaches in regulations
- Formal enforcement action taken against 8 providers, registration of 1 was cancelled, and a further 4 voluntarily ceased operation
- Specific examples of poor care included: Staff administering medication, including controlled drugs like methadone, without the appropriate training or being assessed as competent to do so; Staff not having planned how they would manage a person's epileptic fits during their withdrawal (e.g. by prescribing anti-seizure medication) despite knowing from their medical history that they were at risk of having seizures; Staff lacking appropriate training in basic life support, consent and mental capacity and safeguarding.
- Individual inspection reports suggest some services had responded to CQC action plans, and had made significant improvements as a result of inspections

IMPACT OF CQC 2

- More generally:
  - Anticipatory impact (where providers make changes in advance of an inspection) > systemic impact (where the regulator effects change beyond individual providers)
  - Health and social care provision is becoming more integrated, focus on individual providers is becoming less tenable, and place- or service-based regulatory approaches that cross organisational and sectoral boundaries will become increasingly important
  - The effects of regulation difficult to measure with routine data sources, and the impact of CQC is difficult to isolate from other factors affecting provider performance.

Smithson et al., 2018