

Briefing for the Oxfordshire Health Overview & Scrutiny meeting Thursday 5 December 2013

Title	Care Quality Commission: Update and summary of activity.
Purpose	Information and discussion
Lead	Teresa Anderson - Compliance Manager Oxfordshire John Scott - Regional Communications Officer

Executive summary

The paper was requested by Lawrie Stratford, Chair of Oxfordshire HOSC for a presentation to be given by CQC at the HOSC committee meeting on 5 December 2013. It sets out CQC's role and purpose and the intentions of joint working with HOSC. It presents an update on the changes that CQC are making to their inspection methodology following the Francis enquiry.

CQC are making significant changes to the way they inspect health and social care services. They have adopted a differentiated approach aligned to the three directorates of hospital, adult social care and primary care inspections. The three directorates are being led by three recently appointed chief inspectors. CQC are committed to keeping people, and their experience and voices, at the heart of inspections and regulation. CQC have acted upon the recommendations in the Francis Report.

Inspection methodology and intelligent monitoring is being tested during Wave 1 and 2 hospital inspections. The process is iterative and will be repeated for adult social care and primary care. The final timescale for the completion of this process, and of publication of ratings across all directorates is January 2015. Some services will have their ratings published much earlier than this.

The paper also provides an overview of inspection activity in the Oxfordshire area this year.

The CQC compliance team covering the Oxfordshire area is fully and adequately resourced. The team have covered 68% of their inspection programme with 32% of the inspection year left. The extent of non-compliance and issuing of warning notices is comparable to other areas in the south region.

The Care Quality Commission (CQC) welcomed the recommendations in the Francis Report. As a result of this report we have brought forward important changes including the appointments of three chief inspectors who are responsible for the three emerging directorates. These directorates will cover hospitals, adult social care and primary care services. The chief inspectors will lead distinct specialist teams.

The Francis report recommended that CQC was not abolished, but was allowed to evolve. The Government have supported this, and our strategic plan. CQC's funding has been increased and the workforce is increasing and changing to support the specialised and enhanced methodology.

CQC now have a strong board with extensive relevant experience. We have a clear strategic direction. We are developing a "just culture", encouraging an openness and commitment to learning. We are developing an Academy to support our workforce to become the best they can be.

We are confident the changes being put in place will result in an organisation which is not only clear about its role and purpose, but is able to carry out that role robustly.

Our purpose is to 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 is to 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 continue to protect the interests of people whose rights are restricted under the Mental Health Act.

CQC are committed to putting people at the heart of their work as recommended in the Francis report. We continue to develop ways of engaging with the public and hearing about their experiences. We are further developing the integration of people who use services into our work by setting up listening events, asking for feedback and including users of services in our inspections.

We are developing our relationships and information sharing with other regulators such as the GMC, NMC, GDC and Monitor. We are working alongside our colleagues locally to monitor and react to "smoke signals" through Quality Surveillance Groups and quality monitoring meetings. We are committed to working

with partner agencies to promote safe and effective services and to ensure that organisations and individuals are held to account, where appropriate.

The Francis report recommended that health and social care services are rated, and that ratings should include a standard below which services should not fall. CQC are introducing these ratings. These ratings are likely to be “inadequate”, “requires improvement”, “good” and “outstanding”. These ratings help to support the Francis report recommendation that CQC become part of the improvement agenda again.

The Francis report recommended that CQC specify the indicators by which it intends to monitor and measure services. We have done this. We continue to refine these indicators through our intelligence monitoring and by the iterative approach we are taking to our methodology and inspection pilots.

We have recently published the first wave of hospital inspection reports. These inspections have included broader and deeper intelligence monitoring, longer inspections of various clinical areas, the use of specialist advisors and clinicians, and the use of experts by experience. The inspections have been co-ordinated by experienced CQC compliance managers. The resulting reports show what was found and what information was used to come to the published judgements.

Our inspections are designed to answer five questions. Is this service well led, effective, responsive, caring and safe? Our hospital inspections have covered eight key areas – accident and emergency, medical care (including older people’s care), surgery, intensive/critical care, maternity and family planning, children’s care, end of life care, outpatients.

We are now doing our second tranche of hospital inspections. This will include the inspection of Oxford Universities NHS Trust. This will take place between January and March 2014. Listening events will be set up to hear from local people who use these services.

The process of testing of our methodology and piloting of inspections will be repeated in adult social care and in primary medical care.

CQC are committed to achieving their strategy within the following timescales:

October 2013

- First new inspections of NHS acute trusts
- Surveillance data published for all NHS acute trusts
- Our plans for adult social care published

January 2014

- First new inspections of mental health and community services
- First ratings published for NHS acute trusts

April 2014

- All regulation of NHS acute trusts now using new approach

- First new inspections of GP practices and adult social care
- Our plans for all providers now set out

July 2014

- First new inspections of ambulance services and dentists
- Surveillance data published for all adult social care, GP practices, community and mental health providers

October 2014

- All regulation of adult social care, mental health, community, and GP practices now using new approach
- Surveillance data now published for all health and care providers, and continues to be updated

January 2015

- All regulation of ambulances now using new approach
- Surveillance data for all health and care providers continues to be updated regularly

April 2015

- All regulation of health and care providers now using new model
- Surveillance data for all health and care providers continues to be updated regularly

Our enforcement powers remain unchanged. We will continue to take enforcement action where there are major concerns or where there is multiple and/or continued breaches of regulations.

The Francis report also recommended that CQC expand their work with scrutiny committees and further develop sounding board events. We are keen to establish these working arrangements in Oxfordshire.

CQC in Oxfordshire.

Adrian Hughes - Regional Director of Operations (South)

Deborah Ivanova – Head of Regional Compliance (South Central)

Teresa Anderson - Compliance Manager (Oxfordshire) leading a team of ten inspectors.

Since coming into post in April 2013 Teresa has established closer working relationships with Oxfordshire County Council and with Oxford Universities NHS Trust. She meets with these organisations quarterly. Teresa has been invited to a meeting with the local care home providers association and has spoken at a practice manager's conference. She is keen to further develop these relationships and to build relationships with HOSC and Healthwatch. Teresa and Sara Livedeas have agreed that it would be useful for Teresa to hear service user's experience through the groups she and her teams work with.

Although it cannot be guaranteed, Teresa is hopeful that she will continue to be the manager leading a team of CQC inspectors in the adult social care directorate. Teresa is a nurse by professional and has been a regulator for 12 years, and is passionate about adult social care. She is keen to take advantage of the current climate to work with other agencies and providers to further improve care provision.

In future, it is likely that there will be two other CQC managers in the Oxfordshire area, covering the specialisms of hospital and primary care regulation. Teresa is keen to share her knowledge and experience of the Oxfordshire health and social care services with them, and to work establish close working relationships to ensure a seamless service from CQC.

Teresa currently leads a team of ten inspectors who come from varied backgrounds including nursing, social care, practice management, healthcare management, police investigations and quality monitoring. Teresa's team is fully resourced and those resources are adequate to achieve CQC's purpose and role in the Oxfordshire area.

Table 1: South Central

There are 4952 locations providing services in the South Central region. The largest percentage of locations are residential homes (25%) followed by dentists (20%). Domiciliary care agencies make up the next largest category (15%). GPs represent 13% of the total locations regulated.

Type of Service	Number of locations providing service
Community social care	191
Dentists	1012
Domiciliary care agencies	736
GPs	644
Independent ambulance services	50
Independent community healthcare	115
Independent hospital	127
Independent mental health, learning disability and substance misuse services	17
NHS Hospital	87
NHS Mental health, learning disability and substance misuse services	52
NHS community healthcare	80
Nursing homes	446
Other	176
Residential homes	1219
Total	4952

Table 2: South East

There are 5534 locations providing services in the South East region. The largest percentage of locations are residential homes (28%) followed by dentists (19%). Domiciliary agencies make up the next largest category (13%). GPs represent 12% of the total locations regulated.

Type of Service	Number of locations providing service
Community social care	199
Dentists	1053
Domiciliary care agencies	737
GPs	675
Independent ambulance services	33
Independent community healthcare	148
Independent hospital	155
Independent mental health, learning disability and substance misuse services	41
NHS Hospital	73
NHS Mental health, learning disability and substance misuse services	60
NHS community healthcare	67
Nursing homes	536
Other	177
Residential homes	1580
Total	5534

Table 3: South West

There are 5085 locations providing services in the South West region. The largest percentage of locations are residential homes (30%) followed by dentists (17%). Domiciliary agencies make up the next largest category (14%). GPs represent 12% of the total locations regulated.

Type of Service	Number of locations providing service
Community social care	180
Dentists	846
Domiciliary care agencies	708
GPs	624
Independent ambulance services	31
Independent community healthcare	109
Independent hospital	94
Independent mental health, learning disability and substance misuse services	25
NHS Hospital	133
NHS Mental health, learning disability and substance misuse services	57
NHS community healthcare	71
Nursing homes	491
Other	210
Residential homes	1506
Total	5085

Table 4: South Central/South East/South West total number of locations combined

Across all three areas there are 15,570 services regulated by CQC. Residential homes are 28% of the total locations – the highest number overall followed by dentists (19%) and domiciliary care agencies (14%). GPs make up 12% of the total of locations. Nursing homes are 9% of the total across the regions.

NHS hospitals are 2% of the total of locations.

Type of Service	Number of locations providing service
Community social care	570
Dentists	2911
Domiciliary care agencies	2181
GPs	1943
Independent ambulance services	114
Independent community healthcare	372
Independent hospital	376
Independent mental health, learning disability and substance misuse services	83
NHS Hospital	293
NHS Mental health, learning disability and substance misuse services	169
NHS community healthcare	218

Nursing homes	1473
Other	563
Residential homes	4305
Total	15570

2. Compliance

Table 5: South Central Compliance

There are six outcome judgements which present major concerns in the region. These judgements were from inspections that took place in the East Berkshire, Windsor and Reading/Hampshire/Portsmouth/and Swindon and West Berkshire CQC team areas. There are 38 non-compliant major impact judgements overall, the highest incidences in the Buckinghamshire and Swindon and West Berkshire teams.

- There are two non-compliant major impact judgements in the Oxfordshire team area.

Division (Location Relationship Owner)	Number of Outcome Judgements									Number of Outcome Judgements Total
	Not Applicable	Non Compliant Moderate Impact	Non Compliant Minor Impact	Non Compliant Major Impact	Moderate Concern	Minor Concern	Major Concern	Compliant	Compliance	
Bournemouth and Poole	20	45	61	6	2	13		2180	406	2733
Buckinghamshire	24	48	35	7	5	40		2053	458	2670
East Berkshire, Windsor and Reading	23	42	63	5		31	1	1920	358	2443
Gloucestershire	34	36	44	2		3		2290	266	2675
Hampshire	16	27	34	3	9	10	3	1911	387	2400
Oxfordshire	7	43	54	2	2	14		1798	258	2180
Portsmouth	11	42	63		7	8	1	2272	542	2946
Southampton and Isle of Wight	9	41	57	4	1	18		2323	331	2784
Swindon and West Berkshire	17	44	23	7	4	24	1	2311	493	2924
Grand Total	161	368	434	38	30	161	6	19058	3499	23755

Table 6: South East Compliance

There are two judgements in the region that present major concern, both in the East Sussex Coast CQC team area. There were 23 non-compliant major impact judgements, the vast majority (13) are from the Medway team area.

Division (Location Relationship Owner)	Number of Outcome Judgements									Number of Outcome Judgements Total
	Not Applicable	Non Compliant Moderate Impact	Non Compliant Minor Impact	Non Compliant Major Impact	Moderate Concern	Minor Concern	Major Concern	Compliant	Compliance	
Brighton and Hove	4	35	55	1	4	14		2386	570	3069
CQC Operations: South (East)		1						24	2	27
East Kent	9	13	41	5		23		2261	663	3015
East Surrey and Gravesend	15	89	137	1		20		2280	689	3231
East Sussex Coast	7	39	61		9	25	2	2640	339	3122
Medway	15	49	48	13	2	15		2479	614	3235
Mid Sussex and Worthing	8	32	77	1		12		1822	401	2353
North Surrey (Esher and Chertsey)	25	57	86		1	17		2503	561	3250
West Kent	6	46	55	2		82		2219	609	3019
West Surrey	45	27	46		6	12		1848	486	2470
West Sussex and Chichester	13	29	56			15		2055	341	2509
Grand Total	147	417	662	23	22	235	2	22517	5275	29300

Table 7: South West Compliance

There are two judgements of major concern, both in the Plymouth and East Cornwall CQC team area. There are a total of 30 non-compliant major impact judgements, the highest number being in the Cornwall team area.

Division (Location Relationship Owner)	Number of Outcome Judgements									Number of Outcome Judgements Total
	Not Applicable	Non Compliant Moderate Impact	Non Compliant Minor Impact	Non Compliant Major Impact	Moderate Concern	Minor Concern	Major Concern	Compliant	Compliance	
Bath and North East Somerset & Wiltshire	8	28	49	6	4	72		2282	706	3155
Bristol	10	48	68	1	2	30		2045	434	2638
Cornwall	7	72	107	9	6	34		2636	437	3308
Devon	12	25	70	4		41		2112	611	2875
Dorset	13	131	90	3	2	26		1636	416	2317
Plymouth and East Cornwall	16	75	94	3	13	23	2	2261	465	2952
Somerset and North Somerset	15	41	50		4	40		2449	872	3471
South Gloucestershire	38	41	41	1	4	42		2471	589	3227
Torbay	11	52	41	3	4	31		2372	396	2910
Grand Total	130	513	610	30	39	339	2	20264	4926	26853

3. Inspections

Table 8: Total inspections – South Central Region

There were a total of 5985 inspections in the period 01/01/2012 - 15/11/2013. Social care organisations were the majority of the total number of inspections in the period (77%) followed by primary dental care (14%). Independent healthcare organisations were 5% of the inspected total and NHS healthcare organisations represented 2% of the total figure.

Location Type	Inspection ID
Independent Ambulance	54
Independent Healthcare Org	309
NHS Healthcare Organisation	141
Primary Dental Care	859
Primary Medical Services	37
Social Care Org	4585
Grand Total	5985

Table 9: Total inspections - South East Region

There were a total of 6867 inspections in the period 01/01/2012 - 15/11/2013. Social Care organisations were the majority of the total number of inspections in the period (77%) followed by primary dental care (14%). Independent healthcare organisations were 6% of the inspected total and NHS healthcare organisations represented 2% of the total figure.

Location Type	Inspection ID
Independent Ambulance	40
Independent Healthcare Org	388
NHS Healthcare Organisation	146
Primary Dental Care	947
Primary Medical Services	36
Social Care Org	5310
Grand Total	6867

Table 10: Total inspections - South East Region

There were a total of 6475 inspections in the period 01/01/2012 - 15/11/2013. Social Care organisations were the majority of the total number of inspections in the period (82%) followed by primary dental care (10%). Independent healthcare organisations were 4% of the inspected total and NHS healthcare organisations represented 2% of the total figure.

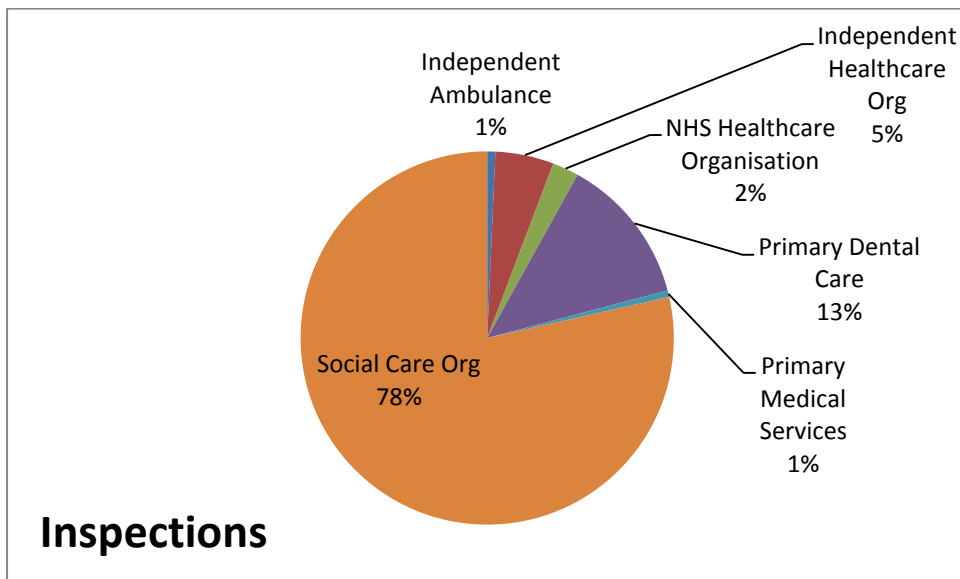
Location Type	Inspection ID
Independent Ambulance	42
Independent Healthcare Org	282
NHS Healthcare Organisation	153
Primary Dental Care	678
Primary Medical Services	38
Social Care Org	5282
Grand Total	6475

Table 11: Total inspections (South Central, South East and South West)

There were a total of 19,327 inspections in the period 01/01/2012 - 15/11/2013. Social Care organisations were the majority of the total number of inspections in the period (78%) followed by primary dental care (13%). Independent healthcare organisations were 5% of the inspected total and NHS healthcare organisations represented 2% of the total figure.

Location Type	Inspection ID
Independent Ambulance	136
Independent Healthcare Org	979
NHS Healthcare Organisation	440
Primary Dental Care	2484
Primary Medical Services	111
Social Care Org	15177
Grand Total	19327

**Chart 1: Total inspections (South Central, South East and South West)
01/01/2012 - 15/11/2013**



4. Oxfordshire CQC Compliance Team Area

Table 12: Total locations by type/sector

In the Oxfordshire CQC compliance team area the largest location type/sector is social care (46%). Primary dental care is the second largest sector (27%). Primary medical services make up 19% of services, independent healthcare organisations 5%, NHS organisations 2%. Independent ambulance is 1% of the total locations.

Location Type/Sector	Location ID
Independent Ambulance	5
Independent Healthcare Org	26
NHS Healthcare Organisation	8
Primary Dental Care	125
Primary Medical Services	89
Social Care Org	212
Grand Total	465

Table 13: Type of Service

Of the 508 locations the largest type of service in the area is dentists (25%). Domiciliary care agencies are the second largest type (19%) and GPs third (17%). Nursing homes represent 12% of service type.

Type of Service	Number of locations providing service
Community social care	18
Dentists	125
Domiciliary care agencies	96
GPs	89
Independent ambulance services	5
Independent community healthcare	11
Independent hospital	15
Independent mental health, learning disability and substance misuse services	1
NHS Hospital	8
NHS community healthcare	4
Nursing homes	62
Other	19
Residential homes	55
Total	508

Table 14/15: Compliance in Oxfordshire team area

There are currently four non-compliant major impact judgements. These are in outcomes 4, 7, 16 and 17

The non-compliant major impact judgements are for two services:

- **St Katharine's House** Ormond Road, Wantage, Oxfordshire (Care home with nursing)
- **Slade House** (Southern Health NHS Foundation Trust) Headington, Oxford. Assessment or medical treatment for persons detained under the Mental Health Act 1983

Division (Location Relationship Owner)	Number of Outcome Judgements								Number of Outcome Judgements Total
	Not Applicable	Non Compliant Moderate Impact	Non Compliant Minor Impact	Non Compliant Major Impact	Moderate Concern	Minor Concern	Compliant	Compliance	
Oxfordshire	7	43	54	4	2	14	1798	258	2180
Grand Total	7	43	54	4	2	14	1798	258	2180

Outcome Number	Number of Outcome Judgements								Number of Outcome Judgements Total
	Not Applicable	Non Compliant Moderate Impact	Non Compliant Minor Impact	Non Compliant Major Impact	Moderate Concern	Minor Concern	Compliant	Compliance	
01		1	3			2	260	33	299
02			1				66	4	71
03	1								1
04		10	4	1	1	1	298	17	332
05		1	2				26	12	41
06							6	4	10
07		2	3	1		2	176	37	221
08		6	6				121	42	175
09		3	3				49	5	60
10		1				1	32	16	50
11		1	1			1	7	4	14
12		1	1		1		88	11	102
13		3				1	92	25	121
14		6	8			3	218	18	253
16		6	6	1		3	214	18	248
17			1	1			73	5	80
18	1								1
19	1								1
20	4								4
21		2	15				72	7	96
Grand Total	7	43	54	4	2	14	1798	258	2180

Table 17: Total number of inspections in the Oxfordshire team area

The largest number of inspections are scheduled inspections (526) followed by responsive follow up inspections.

Inspection Type	Number of Inspections
Desk Based Follow Up Review	5
Responsive - Concerning Info	55
Responsive - Follow Up	62
Scheduled	526
Themed	11
Grand Total	659

MORE INFORMATION, FEEDBACK, EBULLETINS.

- The CQC strategy can be found on our website [Care Quality Commission www.cqc.org.uk](http://www.cqc.org.uk)
- Email enquiries@cqc.org.uk to send us information from your scrutiny reviews and other work from your programme
- Please email involvement.edhr@cqc.org.uk if you want to get involved in national CQC developments. This will take you directly to the involvement team
- Scrutiny committees should receive local press releases and updates on our national reports. Working with CQC guides for OSCs and councillors.
- From June a new two monthly e bulletin for all OSCs from CQC – setting out our latest news and ways you can get involved in our work
- A new report on how CQC and district councillors can work together (due June/July 2013)
- An updated briefing for OSCs about working with CQC (due July 2013)
- A briefing for councillors about our role in monitoring the Mental Health Act (summer 2013)