

Learning from Inspection

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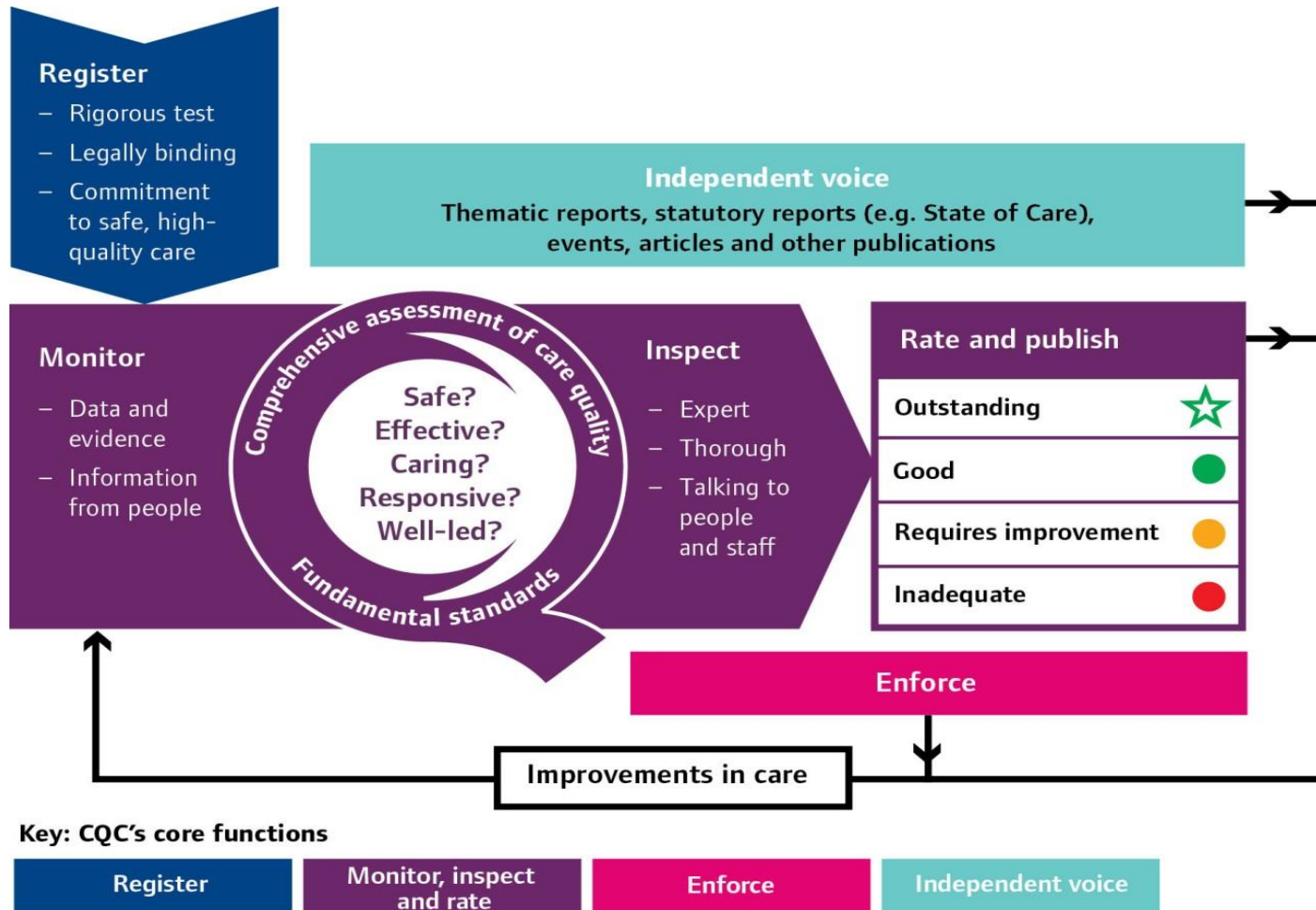
Inspection Manager

Care Quality Commission

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CQC approach to regulation



Our key questions



Is the quality of care:

- **Safe?** people are protected from abuse and avoidable harm.
- **Effective?** people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
- **Caring?** staff involve and treat people with compassion, kindness, dignity and respect.
- **Responsive?** services are organised so that they meet people's needs.
- **Well-led?** the leadership, management and governance of the organisation assures the delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

Ratings: 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

Latest Published Inspection Reports with Ratings (to end July 2015)



	Total	North	South	Central	London
Outstanding	48	18	12	14	4
Good	1126	382	305	327	112
Requires Improvement	164	33	50	49	32
Inadequate	56	18	11	14	13
	1394	451	378	404	161

Outstanding (3%); Good (81%); Requires Improvement (12%); Inadequate (4%)

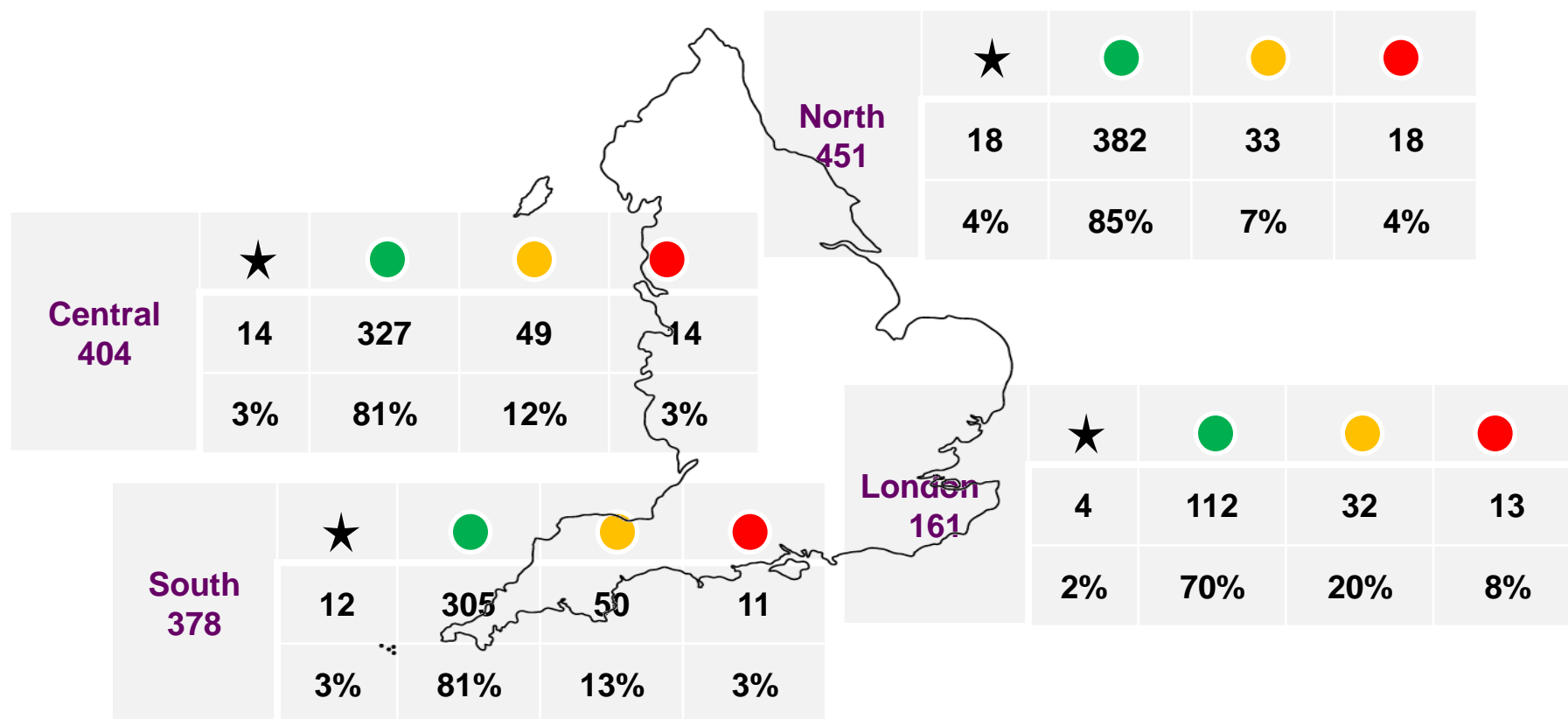
Ratings by region

Needs updating to end July 2015



The graph below breaks the ratings down by region.

Outstanding ★ Good ● RI ● Inadequate ●



Common examples of outstanding practise for each domain



Safe

- Conducting **robust significant event analysis** and sharing learning with other practices, the CCG and other external bodies
- Having a **strong safety culture** in the whole MDT

Effective

- **Offering additional training** to staff so that they can deliver extra services for patients close to home – e.g. complex leg ulcer management

Caring

- Providing a range of **compassionate additional services** to support patients and carers emotional needs e.g. Inclusion Healthcare paying for a dying homeless man to visit the beach

Responsive

- Providing a service which **proactively reaches out** to meet the needs of people in vulnerable situations.
- Offering flexible, longer, or guaranteed same-day **appointments**

Well-Led

- Cultivating a **strong working relationship** with the Patient Participation Group
- Offering strong **personal and professional development** opportunities for staff

Examples of outstanding practise can be found in all practices, even those not rated as outstanding overall



- CQC are **actively looking for examples of outstanding practise** which we can celebrate and disseminate to help spread best practise.
- It is **common** for practices which are rated as 'Good' or even 'Requires Improvement', to have some specific examples of innovative and outstanding practise.
- It is most common for practices to have outstanding examples in the **Effective** and **Responsive** domains.
- **Caring** is the most underrepresented domain – possibly because this is harder to demonstrate to inspection teams, and is more subjective in nature.
- In general, examples of outstanding practise are often:
 - ❖ Innovative solutions to inequalities, problems or unmet patient needs
 - ❖ Show tangible improvements for patients
 - ❖ Scalable, sustained and robust
 - ❖ Involve the whole practice, and possibly other practices in the area.

Common examples of inadequate for each domain



Safe

- Not undertaking any **analysis of significant events**
- **Storing medicines** and vaccines in an unsafe way (e.g. not refrigerated)
- Not ensuring that staff have been properly **screened in the recruitment process**

Effective

- Not undertaking any **clinical audits** or **evaluation** of the service
- Not using **up-to-date best practise** in patient care

Caring

- Little concern for **privacy and dignity** for patients at the reception desk and waiting area
- Not holding lists of people at the **end of life** or sharing their information with OOH services

Responsive

- **Poor availability** of **appointments** at times which suit patients
- **Difficult** to **contact** the practice via telephone
- No provision of **same-sex clinicians**

Well-Led

- Absence of **vision** for the organisation and lack of clarity in **roles and responsibilities** for day-to-day running of the practice
- **Poor visibility** of leaders and lack of whole practice meetings

Inadequate practices account for 3% of all rated GP inspection reports



- At 30 April **27 practices** had been rated as Inadequate since 1 October 2014.
- Most inadequate practices were rated inadequate in **3 of the 5** domains. These are most frequently **Safe, Effective** and **Well-Led**.
- It is **rare for an Inadequate practice to be rated poorly for Caring**, however this has happened twice.
- Practices rated as inadequate are usually inadequate for **all Population Groups**.
- We know from experience that if a practice is not well-led, it is more likely to be inadequate in other domains. **Good leadership** is the foundation for a well-functioning organisation.

- Inspector is responsible for collating all evidence gathered before, during and after the inspection and drafting the report
- The evidence and judgements are checked (min 2 stages)
- Peer review
- Inspection Manager review
- Regional Quality Panel, always GP input
- National Quality Panel, always GP input

Inadequate & Special Measures



- Inadequate overall – special measures straight away.
 - Inadequate for 1 domain or the 6 population groups – 6 months to improve if no improvement special measure.
 - NHS England work with the practice to draw up an action plan to address concerns may be supported by RCGP peer support programme
 - CQC use SM alongside our other powers including enforcement.
 - Ratings review
 - Appeals against enforcement action but no right of appeal against SM
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- Inspectors are inspecting for “good”
- Don’t trip up on the basics – e.g recruitment processes, fridge temperatures, out of date meds / equipment....
- Tell us what you do well / what you are proud of
- Is there evidence that you are a learning practice? eg significant events analysis, full audit cycles, sharing learning, use of patient feedback....
- Need some time with staff and to feedback at end of day
- There are myths.... have a look at the mythbusters!
<http://www.cqc.org.uk/content/mythbusters-and-tips-gps-and-out-hours-services>

Any Questions?



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