Health and Adults Scrutiny Sub-Committee 3 September 2024



Adult Social Care, Care Quality Commission (CQC) Inspection Preparation

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CQC Inspection



CQC – Care Quality Commission

• When??? Jan 24-Dec 25

Published report

Outstanding, Good, Requires Improvement, Inadequate



Care Quality Commission Assessment Framework

The CQC will assess local authorities under four themes. Each theme will include 'We' Statements that demonstrate the quality statements the local authority will deliver and 'I' Statements which provide the service user perspective on how the local authority should meet this theme.

1. How we work with people

This includes assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice

2. How we **provide support**

This includes market shaping, commissioning, workforce equality, integration and partnership working

3. How we ensure safety within the system

This includes safeguarding, safe systems and continuity of care

4. Leadership

This includes capable and compassionate leaders, learning, improvement, innovation and governance

Inspection Activity



Week 1	Weeks 2-3	Weeks 4-9	Weeks 10-26
 Published data Website Providers survey Carers centre/carers Advocacy VCS 	 Self-assessment Information return Structure charts/contacts for staff/partners. 	Case Tracking	 Senior management meeting On-site visit including interviews with Mayor, Lead Member, Scrutiny Chair, Chief Executive, statutory DASS, Principal Social Worker, Principal Occupational Therapist



Our preparation: High Priority



		Priority 1
Area	Description	Preparation to date
Self- Assessment	 Within 3 weeks 20 pages strengths and areas for development against CQC Assessment Framework. 	 Agreed May 2024. Process in place for updating Already reviewed: introduction, themes 1, 2 and 4.
Information Return	 Documents/evidence submission Within 1 or 3 weeks Specific areas specified by CQC 	 109 documents identified 95 (86%) in place and 54% quality assured New versions needed when notified
Case Tracking	 50 cases, with case summaries Range of service areas specified Active within the last 6 months. 	 50 cases ready for sharing with CQC. 27 people confirmed happy with services and to speak to CQC Constantly requires updating.

The best of London in one borough

Our preparation: Medium Priority



Area	Description	Preparation to date
Mobilisation Plan	 From notification To report publication Who will do what, when Incl. comms with CLT, members and the mayor. 	Plan in placeCurrently socialisingDeveloping templates
Comms and Engagement	 Staff Partners Members Other stakeholders Support to prepare Shared narrative 	 Overarching communications and engagement plan Staff conference, webinar Written and live briefings (staff/partners) "Roadshow" at team meetings Resources for managers Lead Member briefings. Developing mobilisation period comms plan

Our preparation: Lower Priority



Priority 1				
Area	Description	Preparation to date		
Documents	Additional evidence	Initial scoping completePublication of CQC Information return superseded, thus		
	 CQC may request or we may want to submit 	 Paused Will be reviewed to identify any further work needed. 		
	 E.g. policies and procedures 			

Peer Review



- Peer review is like a mock inspection by ASC leaders from other boroughs.
- We had a peer review at the end of January on Leadership and How we work with people.

Feedback

Strengths:

- Our committed and passionate workforce really stood out
- We have strong partnerships with health and the community and voluntary sector
- We know our communities well.
- Knowledgeable and experienced staff
- Strong learning and development offer
- Good reflective culture of learning and improving
- Great resources such as the Carers' Centre and Independence Living Hub

- How we use data more effectively
- Some people who draw on care and support and carers reported not being offered direct payments or carers' assessments
- Continuing Health Care how we work with partners to ensure residents access this when they are entitled to do so
- Ideas on how we ensure we don't create a dependency on social care when people have low needs
- A better understanding of user satisfaction

Theme 1: Working with People



Strengths:

- Strengths based approach
- Prioritisation of safeguarding
- Getting the right support through info.
 & advice
- Access to reablement and improved outcomes
- Strong carers offer
- Coproduction and involving user voice
- Addressing inequalities for BME users

- Moving to SMART-er outcomes in support planning
- Strengthening Technology Enabled Care (TEC)
- Improving Direct Payments service model
- Increasing feedback and how we act on it.



Theme 2: Providing Support



Strengths:

- Most people are positive about our provision, and we are working for even better.
- Service design shaped by intelligence; users and carers
- Committed and stable workforce
- We engage and support providers
- Collaborative working with partners

- Delivering our housing with care strategy to better match need.
- Developing pan-provider engagement
- Developing quality assurance mechanisms for commissioned provision



Theme 3: Ensuring Safety



Strengths:

- Safeguarding is our top priority
- No safeguarding or DOLs waiting lists
- Continuous improvement including learning from audits and adverse events
- Work with partners to manage risk
- Strong safeguarding learning culture and offer
- People transitioning supported to be safe
- Safeguarding core to commissioned provision

- We are improving Mental Capacity practice through training
- Embedding transition practice and pathways beyond learning disabilities
- Continuing work to raise awareness



Theme 4: Leadership



Strengths:

- Ambitious leaders
- Stability in Service Managers
- Effective governance being streamlined further
- Strong corporate commitments on equalities and a diverse workforce
- Strong learning culture and offer

- Change at Senior levels and delay recruiting SAB Chair
- Delivering our new workforce strategy
- Using our data better
- Improving how we gather, learn and act on feedback
- Increasing access to Continuing Health Care (NHS funding)



Ensuring Quality in ASC



Ensuring quality and improvement in ASC is built into our ongoing and business as usual arrangements, led by the Director of ASC.

Key contributors:

- ASC Transformation Programme reporting to the ASC Transformation Board.
- Quality Assurance Board
- Improvement plans, including the Safeguarding Improvement Plan and Practice Improvement Plan.

