



Natspec Care Forum

National Star

Wednesday 7th June 2017

9.45am-4.00pm



Introduction to the Care Forum



Ruth Perry

Director of Policy, Natspec



Help members keep
up to date



Why have a care forum?

Collective
approach to
raising
standards

Benchmarking

Tackle issues
together

Networking
opportunity

Share ideas



Review and Update on New Inspection Framework



Zoe Barnett

Head of Health, Care and
Support

National Star



5 year strategy 2016-2021...

Explained



A more targeted, responsive and collaborative approach to regulation, so more people get high-quality care.

- Revised assessment frameworks
- Simplified but stronger assessments of Key areas
- NHS partnerships
- Complete all remaining inspections and improve efficiency and effectiveness

What are the strategic priorities and what do these mean?



- Encourage improvement, innovation and sustainability in care
- Deliver intelligence driven approach to regulation
- Promote a single shared view of quality
- Improve efficiency and effectiveness
- New principles to guide the approach to regulation

What does this mean to us?



The changes to monitoring



Current Approach to Monitoring

- Intelligent monitoring
- Focused set of indicators
- Updated 2-3 times a year
- Used to decide when to schedule inspections only

New Approach to Monitoring

- CQC insight
- Wider set of information sources and indicators including more qualities information
- Updated regularly
- Focuses on changes since the previous rating-improvements and risk areas

Changes to provider information Returns



Current approach to PIRs

- Provider information request before a comprehensive inspection
- Two part request
- Sent 20 weeks before inspection
- Detailed, large request with significant number of documents required

New approach to PIRs

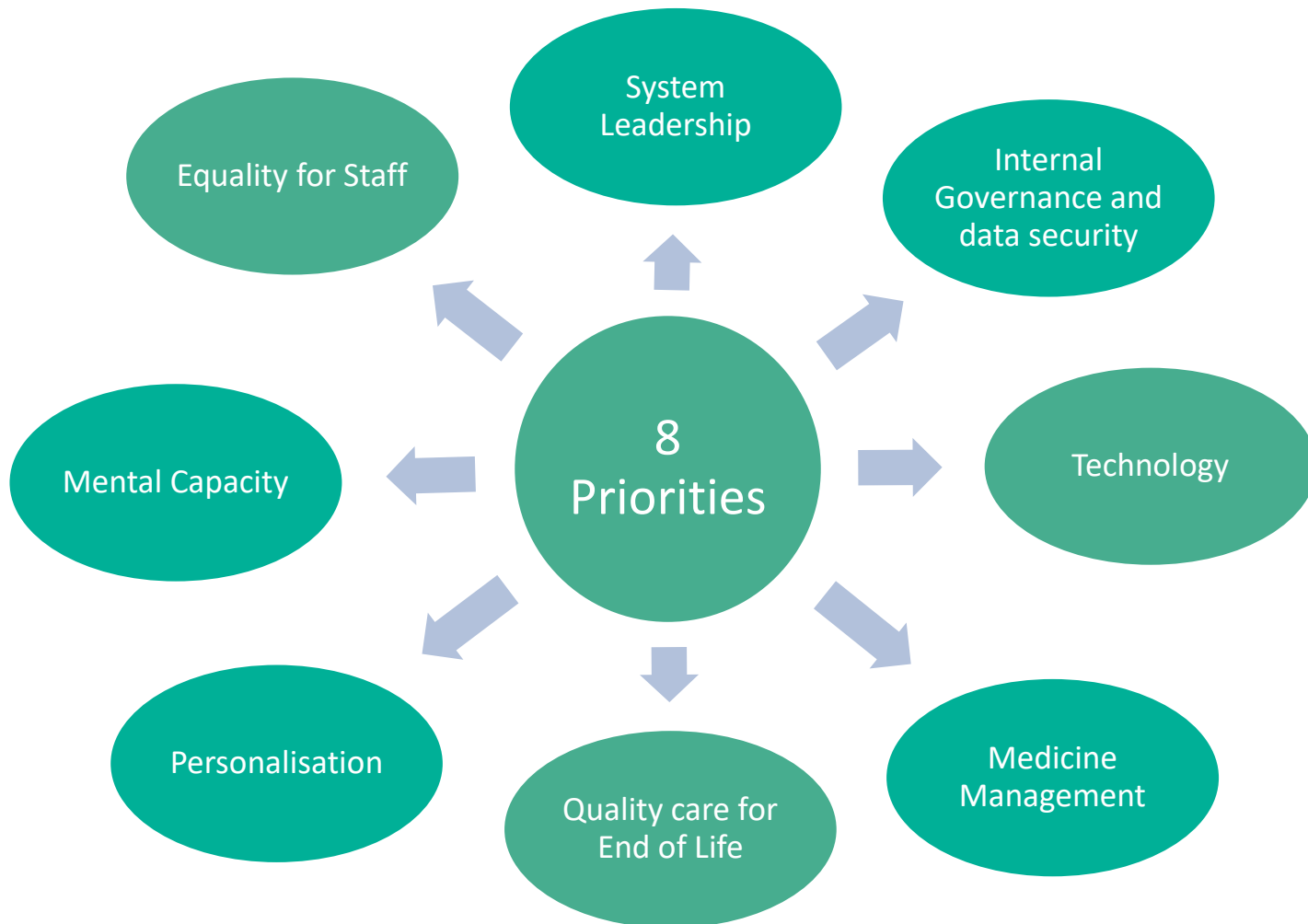
- Routine provider information request
- On average, an annual request
- Focused on key information for Well led and each of the core services
- Providers to describe their own quality against 5 key questions-Self assessment
- 'Lighter touch' on information requested
- Specific question on person centred care in line with CQC Equality objectives

Changes to assessment/Inspection



- Assessment framework- Reducing from 11 different provider handbooks and assessment KLOE's to only 2!
- Healthcare framework / Social care framework- To provide an easier guide and to reflect new emerging themes in care - technology
- New KLOES, prompts and moves between key questions, changes to characteristics are defined in the framework- 52 changes in total!
- Specialist teams will continue inspecting service types, including professional advisers and people who have experience(Experts by experience)
- Frequent, longer, larger, unannounced visits depending on insight data

Strengthened themes and focus to inspection



When will the new revised frameworks commence?



April 2017 for Health sector

July 2017 for Adult Social care providers

Changes to reporting



Current approach to reporting

- Includes all evidence, findings, ratings, contextual information, and any enforcement action we have taken
- Presented in a narrative style

New approach to reporting

- Separate report and evidence appendix
- Report includes a summary of findings, contextual information and ratings
- Evidence appendix includes all the evidence presented factually
- 90% of reports published within 50 days.

The providers priority.....



- Ensure you have a registered manager!
- Check your fees for 2017/2018
- Review the new framework for your sector and prioritise areas to develop in your service
- Ensure your own Quality Assurance systems are amended in line with the new assessment framework
- Keep your PIR live across the year
- Review CQC business plan 2017-2018
- Review CQC equality objectives for 2017-2019- This provides clear guidance on what their objectives are and how they will obtain this from providers
- Review CQC report '*Celebrating good care, championing outstanding care*'
- Understand compliance with the MCA

State of Care Report



David Behan, chief executive of the Care Quality, chief executive of the Care Quality Commission- Published October 2016

‘What distinguishes many of the good and outstanding services is the way they work with others; hospitals working with GPs; GPs working with social care and all providers working with people who use services’.

Report influence embedded through the KLOES....

- How a provider adapts and delivers good practice within the current care landscape/challenges and improves on the quality of care.
- Changing the way they deliver services, breaking down the barriers between hospital care, community, primary care services and adult social care and developing new innovative ways to deliver person centred care.
- Collaborative working with external parties, to understand, plan and meet the needs of the individual and experience care

Distinctive, Exceptional,
Innovative, Creative,
Dynamic

Good
leadership is a
central part of
improvement

Outstanding' definitions

Services that improve tend
to have leaders who are
visible and accountable to
staff, promote an open and
positive organisational
culture and engage
effectively with partners.

Improvements in the
quality of care people are
receiving are happening
despite tight financial
constraints and increased
demands across the
sector

In Summary....



- We are part of '*Shaping the future*'
- Don't fear! Be informed, insightful, influential, innovative and inspirational
- Any Questions?????

Outcomes from March 2017 Review



Carla Jackson
Safeguarding Officer
National Star

‘Liberty Protection Safeguards’ (LPS)



Summary of Key Recommendations & the Impact on Specialist Colleges

Recommended reading: The Scope of the Liberty Protection Safeguards & Impact Assessment

http://www.lawcom.gov.uk/wp-content/uploads/2017/03/Mental_Capacity_Report_Summary.pdf
http://www.lawcom.gov.uk/wp-content/uploads/2017/03/lc372_mental_capacity.pdf

Scale of the Problem

The Government's original impact assessment considered that very few people who lack capacity would need to be deprived of their liberty, with expected cases beginning at 5,000 in the first year but dropping to 1,700 in the following years.

Year	Number of applications received [England]	Number of applications [Wales]	Total Number of applications in England and Wales
2015/16	195,840	N/A	N/A
2014/15	137,540	10,679	148,219
2013/14	13,715	631	14,382
2012/13	11,88716	526	12,413

LPS Belong to the Person not the Place



- LPS are not limited to specific forms of accommodation or residence
 - LPS to become transferable between settings
 - ‘*Arrangements*’ encompass any situations where article 5 is potentially engaged i.e. educational settings, day centres & transport
- * *Arrangements: will also include how a person will be justifiably deprived of their liberty – covert medication, travel, levels of support etc.*
- Removes the need for applications to be made through the Court of Protection
 - Reduces unlawful deprivation of liberty

The Responsible Body



- Either: Hospital, NHS Continuing Health Care or 'Responsible Local Authority' – whoever is commissioning the care
- Important – for 'self-funders' the provider must apply to the LA for authority
- Which LA is Responsible?
 - In most cases it's the authority that is meeting the person's needs
 - It could be the place in which the arrangements are carried out
- Prior to placement, they are responsible for:
 - Considering requests for authorisations
 - Commissioning the required assessments
 - Giving the authorisation
 - No longer 'Urgent Authorisations' (other than for life sustaining medical intervention)
 - *Must be part of the planning process*

The Assessments



- More consideration to be given by the Responsible Body about a person's thoughts, feelings & needs at the stage where the arrangements are being devised prior to depriving them of their liberty
 - A formal assessment by LA or NHS to show that the deprivation of liberty is justified
 - Assessment to be confirmed in an internal review
or
 - In more sensitive cases (where the person does not wish to reside or receive treatment or if other people require protection rather than the person) an assessment is undertaken by an 'Approved Mental Capacity Professional'.
- *The government are to decide who can become an Approved Mental Capacity Professional*

Impact



- Responsibility now lies with the LA / NHS to ensure a person has a Liberty Protection Safeguard in place prior to a placement commencing
- There may be confusion over which LA is responsible
- Reliance on responsible body having a clear understanding of the requirements of each person
- Effective collaboration required between responsible body, outside agencies & the setting
- How will the responsible body ensure LPS is in place within a reasonable timescale?
- Additional work load for LA / NHS – will this cause a delay in LPS's being authorised?
- Will the increased workload lead the responsible body to 'overlook' the LPS process?
- Can the person still begin placement if LPS is not in place?
- Settings may believe that they are no longer required to have a clear understanding of LPS & MCA if they are 'not responsible'.

16 & 17 Year Olds

- Liberty Protection Safeguards to apply to people 16 & over
- More in depth consideration given to the thoughts & opinions of the parents

The Right to an Advocate

- An advocate is automatically appointed to support either the person or their 'appropriate person'

**unless consent is not given by the person or appropriate person*

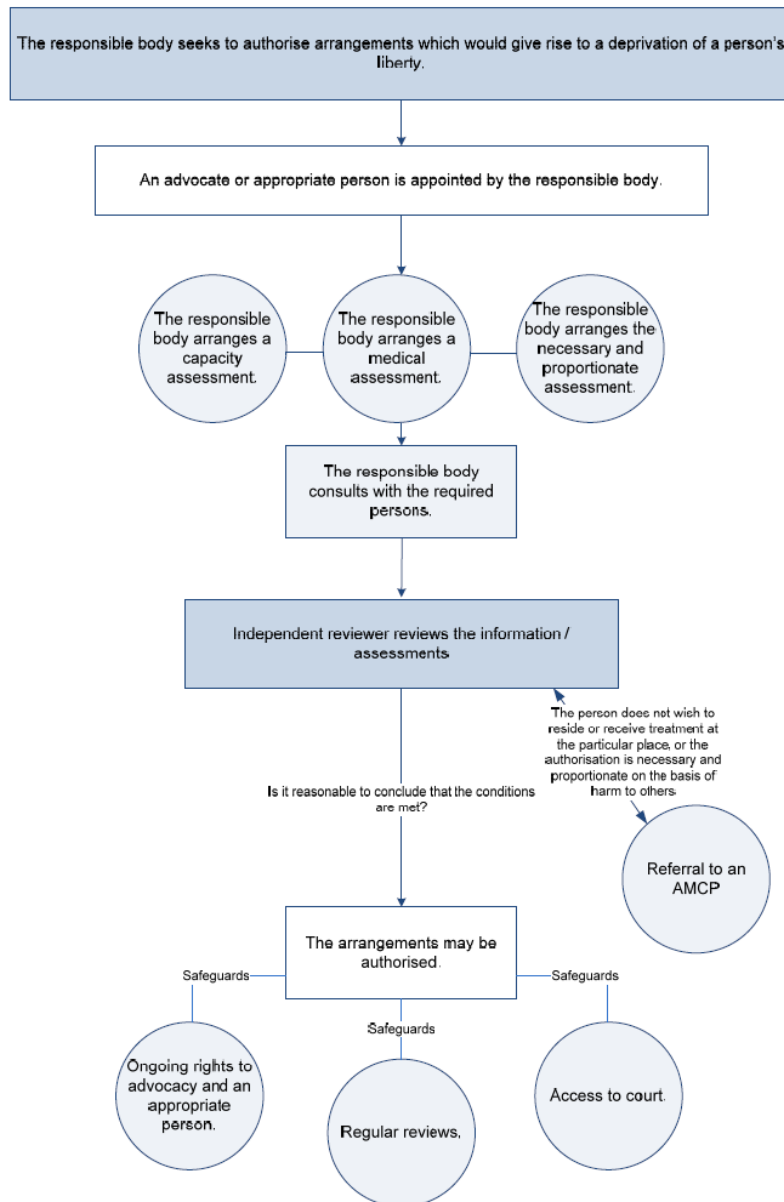
Duration, Cessation, Renewal & Review



- Initial authorisation for up to 12 months
- Renewed for a second period of up to 12 months
- Thereafter an indefinite number of periods of up to 3 years
- Will no longer require a fresh authorisation – streamlined mechanism to be introduced
- Responsible body to set out proposals and dates to review
- Unscheduled reviews can take place at the Responsible Body's discretion if circumstances change

The Liberty Protection Safeguards

Summary of steps



The Law Commission are currently awaiting a response from the Government.

Table discussion 15 minutes

Q&A



LUNCH

12.15 – 13.00

Served in The Study

*Sarah Griffiths will be taking names of anyone who would like a tour at the end of the day.
Please let Sarah know over lunch.*



Lynette Barrett

Policy Director-Care, Natspec



Good to Outstanding



Making the most of the Inspection Process

Making the Difference

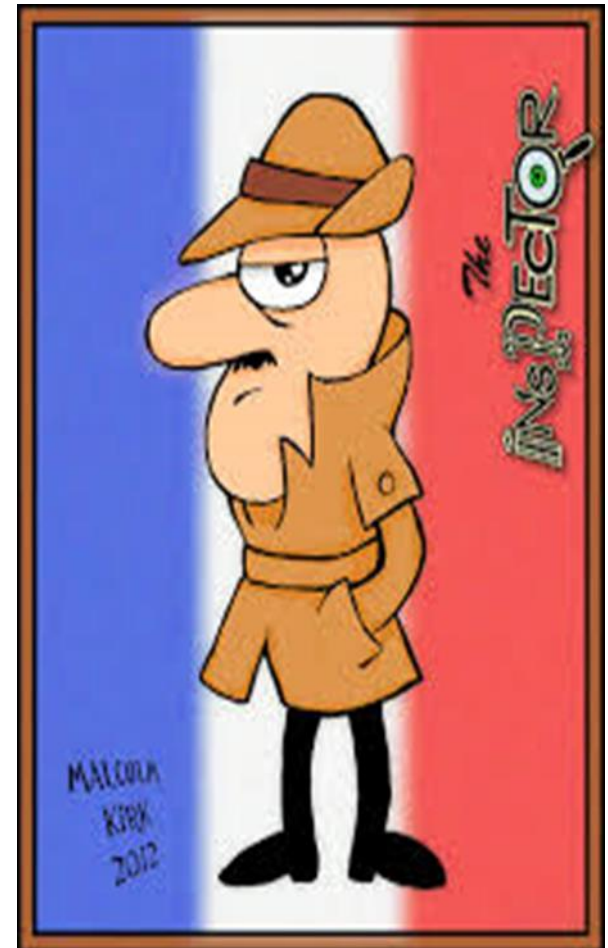


CQC arrive, what challenges have you faced?

Natspec

The voice of
specialist further
education

- Do you have a consistent Inspector?
- Do they understand the Specialist College sector
- Good experiences v's bad



PIR to Final Report

Key Points for PIR

- Work to KLOE to ensure all areas have been evidenced
- Bullet point all aspects of evidence - clarity
- Ensure your data is current
- Annual PIR – New Framework – helps review and audit data
- PIR – Point of reference
- Prepare your key contacts to ensure a timely response



Keep In Touch

Intelligence based Inspection



- Notifications
- Email enquiries
- CQC Forums
- Registered Manager Networks
- Awards
- Development Groups
- Partnership working

Good is the Expectation

Evidence Outstanding

- Demonstrate sound and effective systems and processes – KLOE is your base level
- Show how you go the extra mile
- Case studies – follow up call or email
- Outcomes – making the difference
- Prepare your Students
- Prepare your staff....key themes of inspection, MCA, DoLS, Safeguarding



Managing the Inspection



- Prepared Inspection Plan
- Know your go to staff
- Know your go to students
- Policies and Procedures
- Documentation, Care Plans, Health Plans, Risk, Daily Records
- Parents/Stakeholders on standby
- Feedback – verbal and written – Your chance to provide more!

Final Outcome – Report Process



- Local, Regional and National moderation – Time scales
- Factual Accuracy – Checking the report
- Final Grade



Refreshments

14.15-14.45pm



Lenehan Review - Update



Lenehan Review - Update



- Review of Residential provision
- Review commenced in Jan 2017
- Natspec and Specialist College contribution to Review
- Next Steps
- Final Report – October 2017

Sleep in Review - Update



Sleep in Review - Update



VODG, Learning Disability Voice and Care England produced papers asking for UK Parliamentary Ministers to:

1. Halt HMRC's retrospective action against providers paying under NMW for sleep-in shifts
2. Limit liabilities for providers and personal budget holders
3. Introduce a new NMW category for time asleep
4. Recent tribunal outcomes.....next steps.

Q & A



- Feedback Forms
- Optional Tour of National Star - Ullenwood

