Does The Idea Of Your Next CQC Inspection Send Your Pulse Racing?

Pauline Griffin
Retired CQC inspector
About CARE CONSORT

Care Management Solution
Why choose us

Care Plan Execution is at the heart of everything we develop. Are looking for a simple solution that can be tailored to any size business, is fast to deploy and gives you the ability to manage every area of your care service remotely?

Do you want a system that gives your staff instant access to accredited training which is fully integrated with the Care Certificate and supports employees from day 1 right through their employment.

Would you like the ability to store and verify all those essential documents, within a centralised system which you and your team can easily access?

Care Training
Why choose us

At your fingertips do you want an extensive library of training courses ranging from NVQs right through to more specialist recovery and behavioural management courses?

Do you command a system that gives your staff instant access to accredited training and fully integrates with the Care Certificate supporting employees from day 1 right through their employment?

Are you looking for a flexible, cost effective system which empowers employees and students with additional learning tools and resources for self-improvement?

Features

- 30 + specialist & mandatory care courses
- Record training sessions for later playback
- At a glance Training Matrix
- Private chat, webcam, file uploads, videos and presentations
- 100’s QVS courses

Features

- Care Planning
- Risk assessment
- Task management system with escalations and alerts
- Time clock and Scheduling

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0203 3897208
INTRODUCTION

Today providers have an increasing responsibility to demonstrate the effectiveness of their care service and how they can be made more outcome focussed. During this exclusive article, we will be exploring the new inspection process, CQC’s key lines of enquiry and how care services can prepare successfully for future inspections.

Hear from our expert Ms. Pauline Griffin on you can make your inspection a positive experience.

The Old Inspection Process (pre-October 2014)

Many of you will have received a CQC inspection up to late last year under the old regulations Health & Social Care Act 2008 Regulations 2010 - Essential Standards of Quality and Safety.

You will have received a report under 5 headings with either a tick for Standard ‘Met’ or a cross for ‘Action Needed.’ These inspections took approximately 5 hours and were usually carried out by a lone inspector.

With the arrival of the new Care Act 2014 and Health and Social Care Act 2008 - Regulations 2014 - the process has been reviewed and inspections are now carried out over a much longer period of time and are more detailed as a result.

This has taken many services by surprise and some have experienced a shock when their ratings have been much less favourable than before.

Reference

Health and Social Care Act 2008

Health and Social Care Act 2008 - Regulations 2014
Misconceptions Regarding Inspection

- The Inspector was in a bad mood
- The Inspector was biased
- What the Inspector found or did not find was the responsibility of a Manager who has since resigned

All decisions are made on a factual or evidenced basis. Inspectors have to ‘back up’ their decisions in this way.

Information required must be assessed on either a ‘met’ or ‘unmet’ basis for the service. When information is not available or incorrectly recorded by a previous manager, it cannot be accepted as a reason for the service being non-compliant.

The New Inspection Process - KLOE

The new inspection process concentrates on the five Key Lines of Enquiry (KLOE).

The inspections are usually carried out by one inspector over two full days or a one day with two inspectors. Inspectors may often bring with them an ‘Expert by Experience’ and this means they bring with them people who are Service Users from a similar type of service who make their own observations and conclusions for inclusion in the Inspection Report produced by the Inspector(s).

The five Key Lines of Enquiry are as follows and ask if the Service is:

- SAFE?
- EFFECTIVE?
- CARING?
- RESPONSIVE?
- WELL LED?
Key Lines Of Enquiries - (KLOE)

THE KEY QUESTIONS ASKED TO DETERMINE WHETHER YOUR SERVICE IS SATISFACTORY

SAFE?
EFFECTIVE?
CARING?
RESPONSIVE?
WELL LED?
SAFE?

- Safeguarding and Whistle-blowing policies and procedures: Are these in place and can Staff speak about them? Are Staff familiar with them?

- Accident and Incident records and audits: Are these kept by Staff who know what should be logged? Do Staff log these issues satisfactorily or do they omit what they consider an unimportant daily occurrence?

- Are these records used to analyse the frequency, severity and implications? Are these used for the annual overall quality review of the service?

- Risk assessments: Are these kept up to date or if the situation changes frequently - do Staff re-assess them accordingly? Are risks listed from a range to demonstrate that all risks have been assessed (even though there is no risk identified)?

- Do risks include the implications towards, Staff, other Service Users, visitors or the public? Are control measures set out to show that the service is active in reducing or eliminating risks?

- Staff records: Are Staff files kept in a satisfactory manner and do they include at least 2 references (one from the previous employer)? Personal references are not considered as strong as professional references.
• Do references have a Company stamp or care on headed paper to confirm authenticity? Are gaps in the employment history explained? Files should contain recruitment details, shadowing, induction, training and disciplinary records.

• Are there lists of servicing and maintenance records and audits?

• Are the fire safety records satisfactory, including when the last fire drill has taken place, and includes all staff and service users over a 12 month period?

• Medication: Are medication records in order (correct and without ‘unsigned’ alterations). Do they include signatures and a tally of residual medication held.

• Are there arrangements for Service Users who need medication administered when they are away. Are there signed statements for self-administration or signed statements for consent to care and treatment?

• Care plans (including risk assessments). Do these contain up to date information? Is there sufficient information recorded of the Service User’s own wishes and targets regarding their support?

• Is the information correct and is there enough detail regarding the person i.e their religious persuasion, their likes and dislikes, their food preferences, their interests and satisfactory information in case of an emergency?

• Staff: Are there samples of their skills, knowledge, induction, training, supervision and appraisals?

• Is there a training matrix available to show when Staff received training and when an update of training is required?

• Are the necessary mandatory subjects covered at appropriate intervals and are there details of any specialist subjects covered.

• Are there records of checks by Managers for the assessment of Staff learning gained in their e learning units?

• Is there input from Healthcare Professionals available in the Service User notes?

• Food and nutrition. Are there details available for menus (choices and range) and is there any special diet information for individual Service Users?

• Does the service have a Mental Capacity Act policy and Deprivation of Liberty Safeguards information? Are Managers and Staff familiar with them?
RESPONSIVE?

• Are pre-admission assessments and care plan reviews carried out and written up in a satisfactory manner?

• Is there evidence of the involvement of the individual?

• Are there specialist assessments of a forensic nature from Mental Health and other sources.

• Is there an easily available Complaints Policy and Procedure?

• Is there evidence that complaints are investigated and logged in a manner that shows the conclusion (signed off and dated) or how the complaint was forwarded if there were no satisfactory conclusions?

• Is there a method of recording and dealing with ‘grumbles’ or more informal complaints and how they were dealt with and concluded?

• Are complaints used in the overall annual assessment of the service with information regarding the measures that might have been placed to prove the service is responsive.

CARING?

• Are there minutes of meetings for the Service Users, their relatives and representatives and Staff?

• Are there surveys completed by the Service Users, their representatives, staff and other professionals involved in the service?

• Are there arrangements for advocacy?

• Are there arrangements for ‘end of life’ wishes?

• What is the Staff approach to the individual’s need regarding their relationships, and how they are facilitated regarding their involvement in their care, equality, diversity and general wellbeing?

• Is their dignity, privacy confidentiality and independence respected and actively promoted?
WELL LED?

• Is there evidence of quality audits based on complaints, accidents, incidents, care plans, safeguarding issues and environmental factors?
• Is there an annual overview?
• Is an external body used to carry out checks and audits of the service? Are their reports available?
• Is there a Development Plan for the service?
• Is the Management of the service open, transparent, responsible, accountable?
• Are there arrangements for community links and activities?

“ The above is a non-exhaustive list and does not include all detail but seeks to provide ‘prompts’ to prepare for an inspection in general ”
Happy Customers
......what your peers and care professionals say

“This system offers me a good solution for time management, as it helps me to plan my workload effectively. These useful tools … allow me to manage and monitor the care of my clients and staff to a much higher degree”.

_Beverly Mutandiro – Community Liaison Officer_

“It helps me to organise my work load as I am able to see my tasks clearly. Tasks are presented in a clear and organised manner which I can see at any time”.

_Caasha Abdirahman – Team Leader_

“I now have real time management visibility of service critical information wherever I am, ensuring the care services we provide remain safe and effective”.

_Maciej Poradewski – Deputy Manager_

“I have been operating recovery based residential and domiciliary care services for the last 17 years. I have finally found a solution that is simple to use and can be tailored to my operations”.

_Chandraine Watson-Mattis – Care Manager_

www.care consort.com
+442033899720
sales@care consort.com