CQC Adult Social Care Monitoring Approach FAQ sheet

Thank you to colleagues who joined the webinar on our monitoring approach in September. During the webinar we picked out questions and themes that were raised in the Q&A chat section. There were too many questions for us to be able to go back to individuals to answer directly however, we have collated the key themes of your questions and answered these below. If you have any queries related to our interim monitoring approach then please see the information available on our website here or contact us.

Ratings

- **What assurances can you offer that you'll be monitoring improvement as well as monitoring risk?**
    - Our intelligence model considers a range of information to support us in prioritising our regulatory activity. Our Interim Monitoring Approach is designed to support us to focus our inspection activity where it is needed most. Often that will be where our intelligence suggests there may be risks to people or that people's experience of drawing upon social care service is not consistently good. Our monitoring activity will support us in identifying good practice and improvement as well as risks in care services. Where the outcome of a monitoring activity is that we believe the rating of a service is no longer accurate because it has improved, we will look to reflect this improvement with an inspection. The time taken to inspect services to reflect this improvement will vary. However, where the rating of a service is impacting upon their ability to continue to provide care or is a barrier to creating capacity that may be required in local systems and we believe that the service has made improvements; we will look to prioritise an inspection to reflect that improvement. We recognise that we will not be able to reflect potential improvement in all services; our interim monitoring approach is designed to support us in prioritising our inspection activity while we develop our new assessment framework and approach that will better enable us to reflect improvement in care services.

- **For services that are currently rated as Good - but have not had a public statement published, and no contact from an Inspector - how can we understand if there are any issues of concern and if so, what these are?**
    - Where there isn't a public statement on your service, there will be some form of activity such as a direct monitoring call or inspection. A direct monitoring call can lead to an inspection or in some circumstances the addition of a public statement on our website after our monthly intelligence refresh. Our current interim monitoring approach helps us to weigh up the evidence and data we hold on

providers and enables inspectors to make judgements on the appropriate regulatory action to take.

- **Will the public statement change the rating? /Will ratings change only as a result of a physical inspection?**
    - As part of our current methodology we cannot update a rating without conducting a physical inspection at a location. A direct monitoring call will not change the rating of a service.

    - When an inspection is undertaken, we will usually use a methodology that will enable us to re-rate the service. Often this will be through the use of a focussed inspection considering specific domains rather than through the use of a comprehensive inspection where all domains will be inspected. In some circumstances where our inspection is to consider specific issues or risks, we may use a targeted methodology that does not allow us to update a rating.

    - As part of work to develop our new assessment framework and approach, we want to work in a more flexible way that could use other ways of assessing services, rather than relying on crossing the threshold.

    - Many of you will have got involved in our recent consultation on more flexible and responsive regulation. That gave us the freedom to use a range of methods to assess quality, combining work off site with visits to a service or provider. Site visits will remain a hugely important part of our work. However, the difference is that we will use the evidence and data we have ahead of a site visit to a service so that we can have a laser-like focus on what we need to look at when we're there. Often, this will involve speaking to people who use services, enabling us to make every minute count.

Monthly reviews

- **Will Registered Managers and / or providers be able to see what information is held and how that info is assessed?**
    - We are not able to share the specific intelligence model we are using to monitor services. This is because the model is under constant review as we begin to adopt our interim monitoring approach. Within the model the aspects of a service that we consider include:
        - CQC Registration information; type of service, size of service and registered manager status
        - CQC Judgements: Current ratings, compliance with regulations, outcomes from monitoring activity and length of time since last inspection

        - CQC received information: statutory notifications, complaints, safeguarding, whistleblowing and Give Feedback on Care
        - CQC activity: any regulatory activities currently in progress
        - Alongside our intelligence model Inspectors will also be using their knowledge of services to inform their assessment of whether an inspection or direct monitoring call is required. The questions and the type of information we consider as part of our monitoring approach can be found at https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/our-monitoring-approach-what-expect. We aim for our inspections and direct monitoring activity to be a collaborative process to arrive at the right judgements and the right regulatory activity.

- **Is the Capacity Tracker included in the monitoring approach?**
    - We use data from the capacity tracker to help us plan our monitoring calls. We encourage you to keep the tracker up to date.

- **Do you have a timescale you can share for when we can expect the new methodology to come into effect in 2022?**
    - We are currently working on developing our new methodology, we cannot provide a definitive date for when it will come into effect. But we know that we will still use the five key questions we use now; we're aiming to simplify our approach to help providers and the public understand what we've seen and the judgements we've made. We want a more flexible approach to regulation that enables us to review the ratings of services more regularly.

- **If you make lots of notifications, does that increase the chances of an inspection?**
    - No, all of our notifications will continue to be reviewed as they are at present. Both low and high reporting of notifications does influence our intelligence model however, our Inspectors judgement as to the content and action taken in response to and as part of notifications remains a key aspect of our decisions related to inspections.

Insurance/Sector concerns related to ratings

- **For services that were inspected prior to the pandemic and were Requires Improvement, can we anticipate an inspection? Insurers are getting very anxious waiting and teams are keen to have you visit again.**
    - Being rated as Requires Improvement will not necessarily trigger an inspection. We will look at all the information and data we hold on a service and assess whether an inspection is required. Our previous inspection frequencies remain paused and we will rely upon the information that we hold about services to inform our decisions as to

when an inspection or monitoring activity is required. We do understand that insurance is a major concern for providers, we are handling insurance concerns on a case by case basis and liaising with colleagues in Department of Health and Social Care on these matters.

Inspections

- **What are the priority services for inspection, especially new ones who have not been inspected yet and/or services with negative feedback?**
    - Services that have been newly registered over 12 months are one of the service types that we are prioritising for an inspection.

- **Will all inspections still be unannounced?**
    - From the beginning of the pandemic, we have carefully considered the need to announce our inspections. When we have announced our inspections this has often at short notice; to ensure infection, prevention and control measures are put in place in preparation for and during our inspection visits. We will continue to consider a provider's circumstances in deciding whether to announce our inspections however, the majority of our inspections are likely to be unannounced in line with our current and published methodology.

- **Will there be more focus on observing care/support in physical inspections? And, what focus will there be on closed cultures in LD settings**
    - Yes. Our interim monitoring approach enables inspectors to see all of the information we hold about a service. Inspectors are now able to assess this information more easily as part of our inspections and reduce the amount of time they need to spend reviewing records on site during inspections. Providers may notice a change in how our inspections feel during our time on site. This is because we'll be spending more time observing your service and talking to people in your service whether it be people using the service, staff or relatives. We will also be able to spend more time engaging with people who receive care in their own homes. This approach increase our focus on closed cultures.

    - We will often review documentation off site where this is possible. To make sure you are prepared for this, please work with inspectors to respond to and make sure you understand the documentation requests they are making. Please only send the information that has been requested as part of our inspections. Where you are unsure of what to send, please speak with your inspector, this will enable the inspection team more time to observe people's experience of receiving care.

Provider Information Return

- **I have received my Provider Information Return (PIR) form, how long before I will get the Inspection?**

    - The PIR is not linked to inspection dates and is requested on the anniversary of a provider's registration.