

## CQC Trade Assoc Meeting – 31 Jan 2024

No	Agenda item	Lead	Time
1.	Welcome, introductions and updates (10 minutes)	Rob Assall (RA), Network Director, CQC	10:00
2.	Care Workforce Pathway (20 minutes)	Raki Butt, DHSC	10.10
3.	Access to medicines support – ASC provider experiences (15 minutes)	Hayley File, Regional Medicines Manager (South), CQC	10:30
4.	Visiting guidance consultation (10 minutes)	Alison Murray, Deputy Director Adult Social Care	10.45
Short comfort break (10 minutes)			
5.	Human rights approach update (5 minutes)	Helyn Aris - Interim Equality, Health Inequalities & Human Rights Manager, CQC	11.05
6.	Inspections update (10 minutes)	Sheila Grant, Deputy Director Network North, CQC	11.10
7.	Any other business (15 minutes)	Rob Assall (RA), Network Director, CQC	11.20
8.	Close Next ASC Trade Association meeting is on <b>Wednesday 28 February 2024 from 11am – 3pm at 2 Redman Place, Stratford</b>	All	11.35

### Welcome and updates

Vivaldi update & still recruiting – see the animation referenced below.

Visiting consultation – ends 20 Feb

The CQC have noted **discrepancies between websites like carehome.co.uk and the CQC statement of purpose**; these need to be aligned so make sure the CQC has your most up to date statement of purpose. When asked for more detail, the example is that the specialisms providers offer on the carehome.co.uk are NOT the same as the info given to the CQC. NOTE: it is a breach to not have the statement of purpose up to date with the CQC. CQC have also met with the platform providers to remind them to remind care providers.

Q?: CareFind – are they pulling the data from the CQC then? Or from the CT data? How will we avoid this issue?

## Welcome and updates

- VIVALDI study animation available to share  
<https://vimeo.com/891061902>
- [Visiting guidance consultation](#) is live and runs until 20 February 2024
- Carehome.co.uk listings



## Care Workforce Pathway – Raki Butt, Policy Lead at DHSC

Intro to what it aims to do, current status & next steps

Context: announced a number of different projects as part of the bigger workforce reform work. The Pathway offers a universal structure, sets out values, knowledge, skills & behaviour in one place. Also launched funding for the new level 2 care certificate & subsidised training in an uplift to the WDF & new digital leadership qualification.

### Workforce Reform Portfolio – Care Workforce Pathway in context

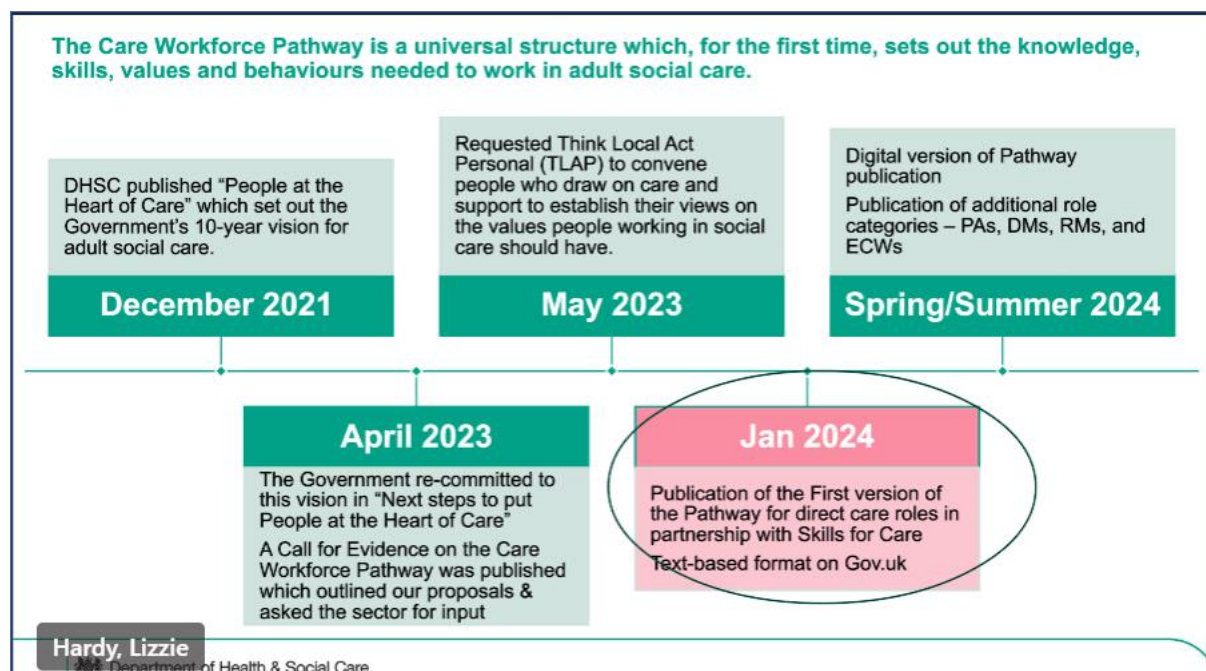
On 10 Jan 2024 we announced the following projects as part of our workforce reform programme:

- **The launch of the Care Workforce Pathway:** This is a universal pathway setting out the knowledge, skills, values and behaviours needed to work in adult social care, as well as a clear career structure for the workforce.
- **Over £53.91 million of funding for the new Level 2 Adult Social Care Certificate:** This will support up to 37,000 individuals in direct adult social care roles to enrol on the qualification between June 2024 and March 2025.
- **Subsidised training places:** An uplift to the Workforce Development Fund will expand access to learning and development.
- **A new digital leadership qualification:** This will help equip social care leaders and managers with the confidence and capability to lead the implementation and use of technology in the delivery of care.

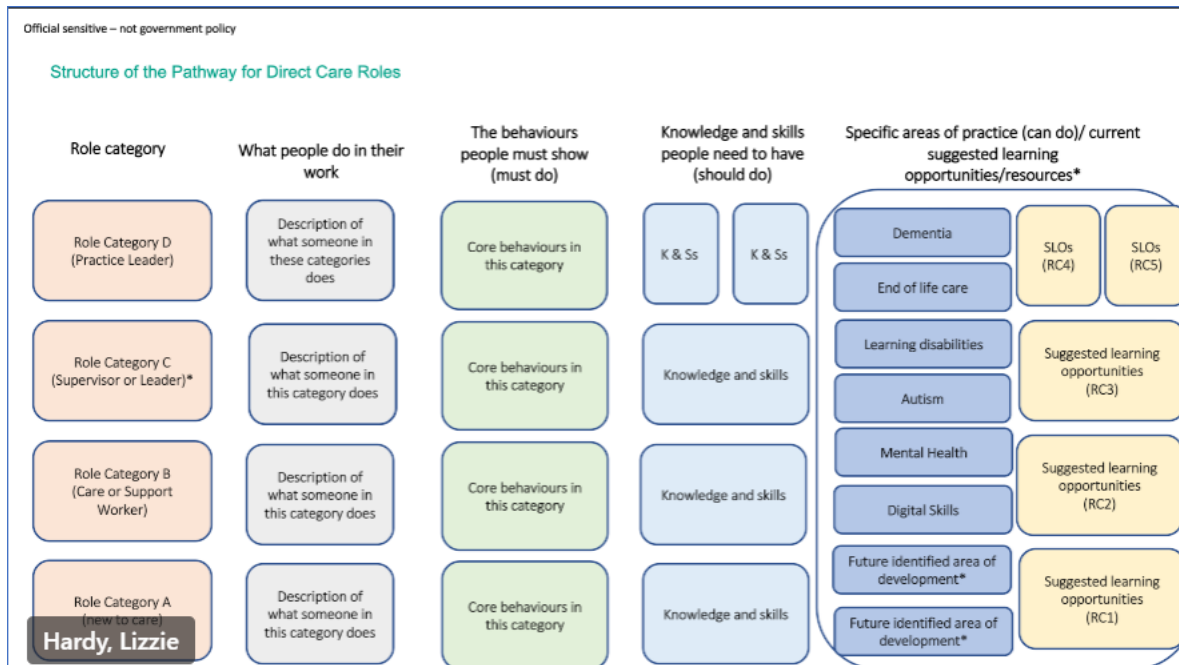
The pathway in context.

Call for evidence in 2023 and then worked with TLAP on values.

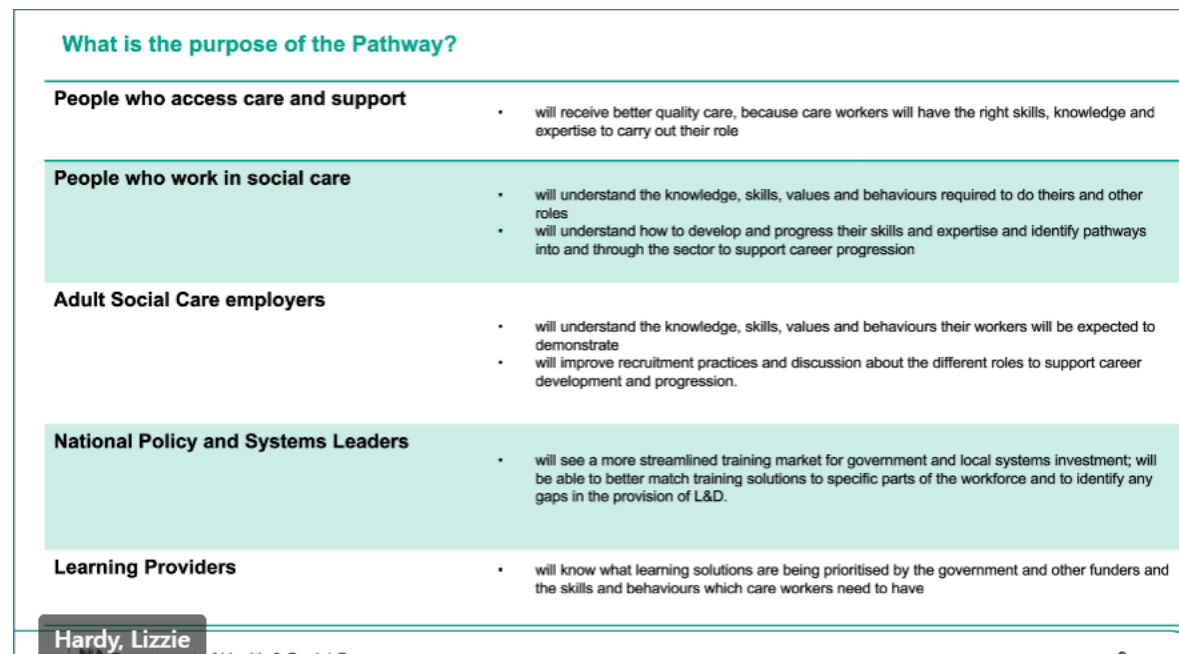
The first phase of the pathway for 4 roles. Ambition for summer 2024 is a more integrated pathway – a digital pathway to click onto the roles & link through to the L&D opps – a digital product to help. Also, will develop the pathway for PAs, deputy managers, registered managers & complex care roles.



The pathway in detail – focuses on direct care roles; suggested areas of learning opportunities to develop their skills to offer a clear structure and where they are in the pathway & how they might broaden their skills etc.

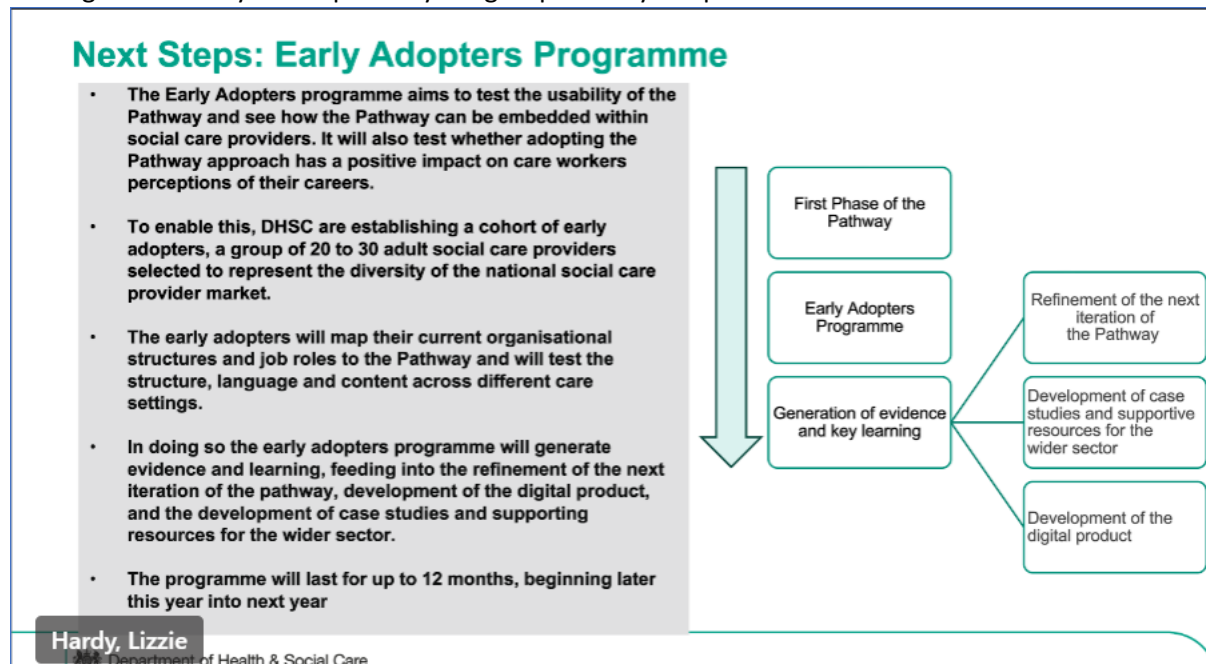


What is the point of it all? Main audiences/ beneficiaries

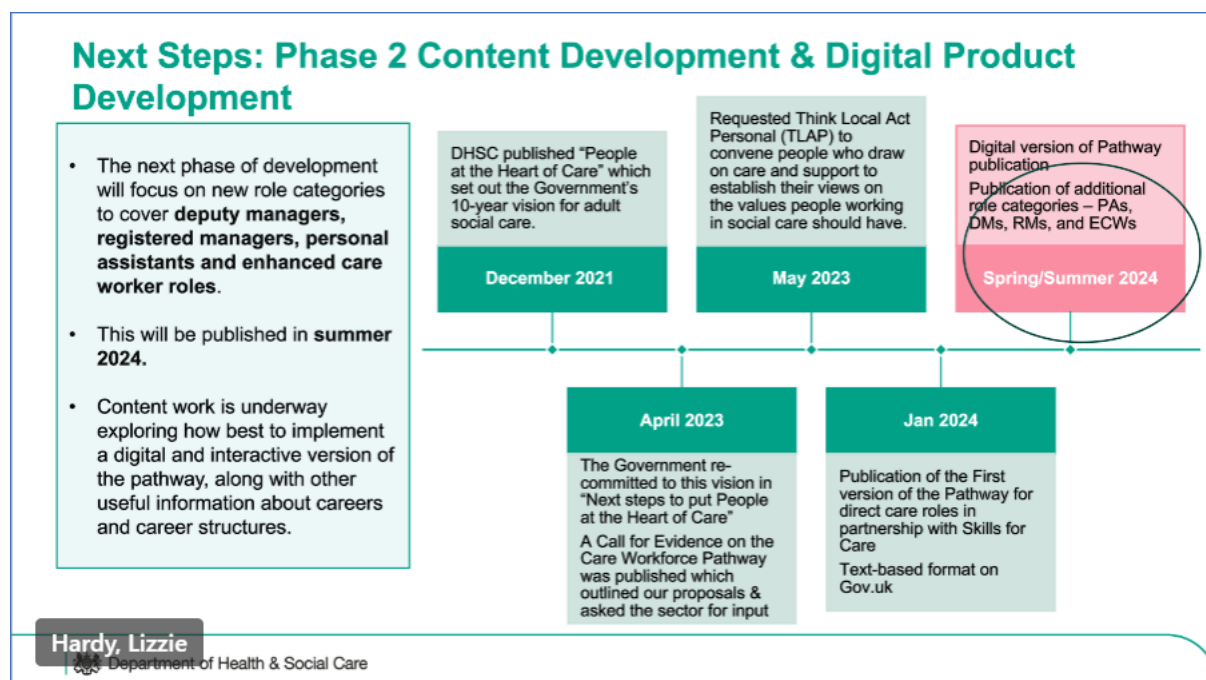


Next steps

Testing the usability of the pathway – a group of early adopters



Next phase of the pathway – aim for summer 2024



Ask of providers – how they might internalise the pathway – does it map/ align to what they do now? Use it to guide conversations regarding careers.

### What do we recommend employers to do next?

The Pathway is designed to set the direction of learning and development across the adult social care sector going forward.

**In advance of launching of the digital product, we recommend that any employer in the sector should consider the pathway and think about how they can apply it.**

This could involve:

- adopting the values in the pathway
- looking at how existing organisational structures and job roles map onto the pathway
- using the pathway to guide conversations about careers, development and progression

### Discussion

Care Assoc Alliance: Whilst moving towards a clear structured pathway is good, without the ability to reward staff it is a real problem; we cannot match their development with better pay – how do we recompense our staff to take on this development & additional responsibilities?

Raki: yes – they have heard this in the call for evidence and the issue of guaranteed pay differentials. This is beyond the remit of the policy at the moment. Hoping the pathway will offer other elements to support retention though – such as recognition/ esteem and professionalisation, career options & skill set.

NCF: same point plus the opportunities here – what is the ambition of the DHSC in advocating for better funding for better pay?

Can we push that ambition to create benchmarking and compare the roles with others in the health world? Can we use it as a springboard for this – and for registration?

Raki: employers are private organisations and need to manage their own approach to pay. Again, the other points re benchmarking and registration are beyond the remit of the policy.

AMHP: the sector is diverse & segmented; the OP sector may be private but those supporting MH/ homelessness & substance misuse are not! They are publicly funded – it is the care & support workforce! And many of them are not working in private organisations.

**Action – get the stats from Duncan he mentioned!**

**Access to medicines support - Hayley File, Medicines manager**

CQC are doing some research re meds management; they know that ASC services are often not able to access needs support, so doing some work with Ipsos Mori to survey to find out about the support providers receive from other professionals to help us manage meds safely & what we would like?

Discussion:



NCF: Does it include community pharmacies? What about the many closures & mergers of pharmacies – and the issue with the pharmacy contract? Yes, does include questions about community pharmacies, but they do not regulate them. They are supporting the DHSC & the General Pharmaceutical Council to understand the impact of closures & mergers on the wider sector.

Also working with Citizen Lab for people to understand their experience.

Will feedback on the insight to the various regulators.

Please promote the surveys

Q: NCF – think this is really important – so good to see. Can we have the findings & insight? Can we use the findings?

Yes - we will get to see the findings – will be in an insight report

People supported by ASC services can benefit from input from other healthcare professionals and providers, such as GPs, community pharmacies and hospitals.

**We'd like to hear about:**

- The support adult social care services receive from other healthcare professionals and organisations to help your service manage people's medicines safely.
- What advice and support adult social care services would like to be able to access to help manage people's medicines safely

**Visiting Guidance consultation - Alison Murray**

Brief overview – consultation is live

Came about following the pandemic; lots of lobbying from carers groups on the distress & frustration of not being able to visit in care homes & hospitals & distress from providers in having to close services. Know providers moved heaven and earth to make visiting possible.

In summer of 2023, DHSC launched a consultation on visiting – very reassured that it covered not just care homes but also hospitals & hospice settings. Feedback was strongly in favour of legislation to support visiting – this resulted in reg 9A. Goes live from the 6 April.

When new regs come into play, CQC have a duty to provide guidance to support compliance & understand the regulations & also to consult on it

The draft guidance is high level as it has to cover such a wide range of services. The reg sits under regulation 9 – Person-centred care. This is a regulation with civil powers of enforcement but not criminal processes. Can issue a range of notices

The regulation does 3 things – sets our people’s right to receive visitors when staying in bed-based care- care homes, hospitals & hospices; also sets out a right for people to be not discouraged from taking visits out from care homes and it gives people going to outpatient appts the right to be accompanied if they want them to.

Does not cover the personal care activity – so not SL or extra care for example

In practice, they think that most providers will be doing this all already. Where there may be issues are in services which have a much wider set of issues.

The key aspect is good communication – if there is a risk of an issue, document, discuss, find ways to mitigate issues, and keep it all under review.

One challenge is that the regulations have lots of phrases ‘as far as is reasonably practicable’ or in ‘exceptional circumstances’; CQC have deliberately not given examples in the guidance as those circumstances should be so rare & genuinely exceptional, by trying to articulate it might normalise them which they do not want to do – so focus on individual discussions, for individual people, in individual settings.

No requirement for providers to formally notify CQC if providers are restricting visiting; if there are problems, they will hear about it via normal sources of intel – feedback from families, staff, and other visiting professionals. Issues being flagged about visiting are likely to involve a call to check or to be added to the overall intelligence; unlikely to drive standalone assessment activity.

If get reports of issues with visiting, they will triangulate the info & ask others about it and then use normal processes to decide what they do.

Q?: NCF made the point re local HP teams being very risk averse and that local systems should be encouraged to be curious about this across their system re honouring and complying re visiting

CQC: now have a new ASC lead in UKHSA – Prof Jackie Cassell – who really understand ASC.  
Refreshing guidance to HP Teams about the support they provide to ASC – care homes and home care  
- about producing some updated guidance on the balance of QoL and risk.

## Visiting guidance consultation

- The consultation is live at [cqc.citizenlab.co/en-GB/projects/cqc-visiting-guidance-consultation](https://cqc.citizenlab.co/en-GB/projects/cqc-visiting-guidance-consultation)
- The consultation is open until Tuesday 20 Feb 2024 at noon.
- Easy read version is available.

## Human Rights Approach – Helyn Aris, Equality, Health Inequality & HR Manager

Their refreshed HR approach to regulation – bringing humanity into action. Signposting to new pages.

### Human rights approach

Our approach was published on CQC web pages last December [Our updated human rights approach - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/about-us/our-revised-human-rights-approach-to-regulation)

We also published a blog [Bringing humanity into action — our revised human rights approach to regulation](https://www.cqc.org.uk/about-us/our-revised-human-rights-approach-to-regulation) by Lucy Wilkinson Head of Equality, Health inequalities and Human Rights at CQC

Hardy, Lizzie

CareQuality  
Commission

Key elements in the document to promote to members:

### Key elements

- There is no quality of care without rights respecting care
- Sets out how our **assessment framework** links with **human rights**
- Set out commitments to CQC's role as a Human Rights focused regulator: improving, promoting and protecting the rights of people who use health and care services
- Epistemic injustice, analysis of power and poor care
- Three level analysis of human rights infringements: individual practitioner level, institutional level and systemic level

Hardy, Lizzie

CareQuality  
Commission

Launch webinar – 21 March at 10 am - we will get more detail then!

A range of events to provide clarity and examples and how it fits with the new framework approach – how HR fits with each element of the framework – how to bring it to life.




Also planning a ref group


Action: explore if NCF might join it

## Next steps

- Next steps external launch event – date to be confirmed
- Series of other events in planning stages to highlight deep dives into application of our approach
- Planning for development of a reference panel to chart commitments made in the approach



Hardy, Lizzie



Q NCF: asked about power imbalances in this refreshed approach – does that include the power imbalance between providers & commissioners – the You & Yours example of 24/7 care at home being too expensive for some & people may have to move into a care setting

A CQC – they do reference things like DOLs & other systemic issues – and do include info for care practitioners and for leaders. They do talk about systems a bit as well.

AMHP is keen to talk about a rights-based approach in relation to MH services.

A: CQC are putting a line in the sand and key commitments & the reference panel will hold them to account & will look at how to work together to support rights respecting are.

### **Inspections update – Sheila Grant, Deputy Director in the north network**

Some good results here - some improvement & maintenance. Seen 22% deteriorating.

## Inspections update

### Over the last 12 months:

We have undertaken **5118** inspections at Adult Social Care services.

Of those inspections now published, **61%** resulted in either a Good or Outstanding rating.

For those services with a previous rating, we found **29%** improved, **49%** maintained their rating and **22%** deteriorated.

29/01/2024 - dates between 01/01/2023 - 31/12/2023

Singl Assessment Framework: started 450 assessments across all services – not just ASC – and of those have published 3, 36 at FAC Acc & 240 at the requesting info stage

North & Midlands move to the SAF on Monday – exciting times; in the north got 7 teams who have gone live with the new SAF.

Providers need to use the right provider ID & service ID in the portal – if you have access yet.

What do we want from the assessments?

Q?: Homecare association – how can we tell which reports have been done under the new SAF?

Feedback from members – early adopters inspected before Xmas have not had their reports yet and concerns re the CQC folk knowledge of the new system

A: CQC – working closely with e early adopter group of providers – had a few issues with the tech, one has been the issuing of the draft report for the FAC Acc bit of the process – having to put a technical fix in place.... Should happen this week.

Regarding the new approach reports – hoping to update the web pages to make it clear & to show what has been assessed in the assessment – only 2 reports up there at the moment. Will send the links in the minutes

### AOB

- NCA – a breakdown of the inspection data would be helpful – how many are focused? and how many under the new SAF are under ASC.
- AMHP – need to flag the Right Care, Right Person & the Partnership Agreement – need a proper conversation.
- CAA – issues re the portal & access to it
- CQC – there is limited access and functionality at the moment; from the End of Feb, any provider will be able to join it & add delegated folks.
- Jan from the National Dignity Council – tomorrow is National Dignity Action Day! Wear red to show your support and they have a webinar tomorrow.