



Managing the SAF Inspection

Judith Timmins

Nov 24

‘Compliance Coach ..Great Strategies to Compliance’

Read all
about it! Nov
24 ...

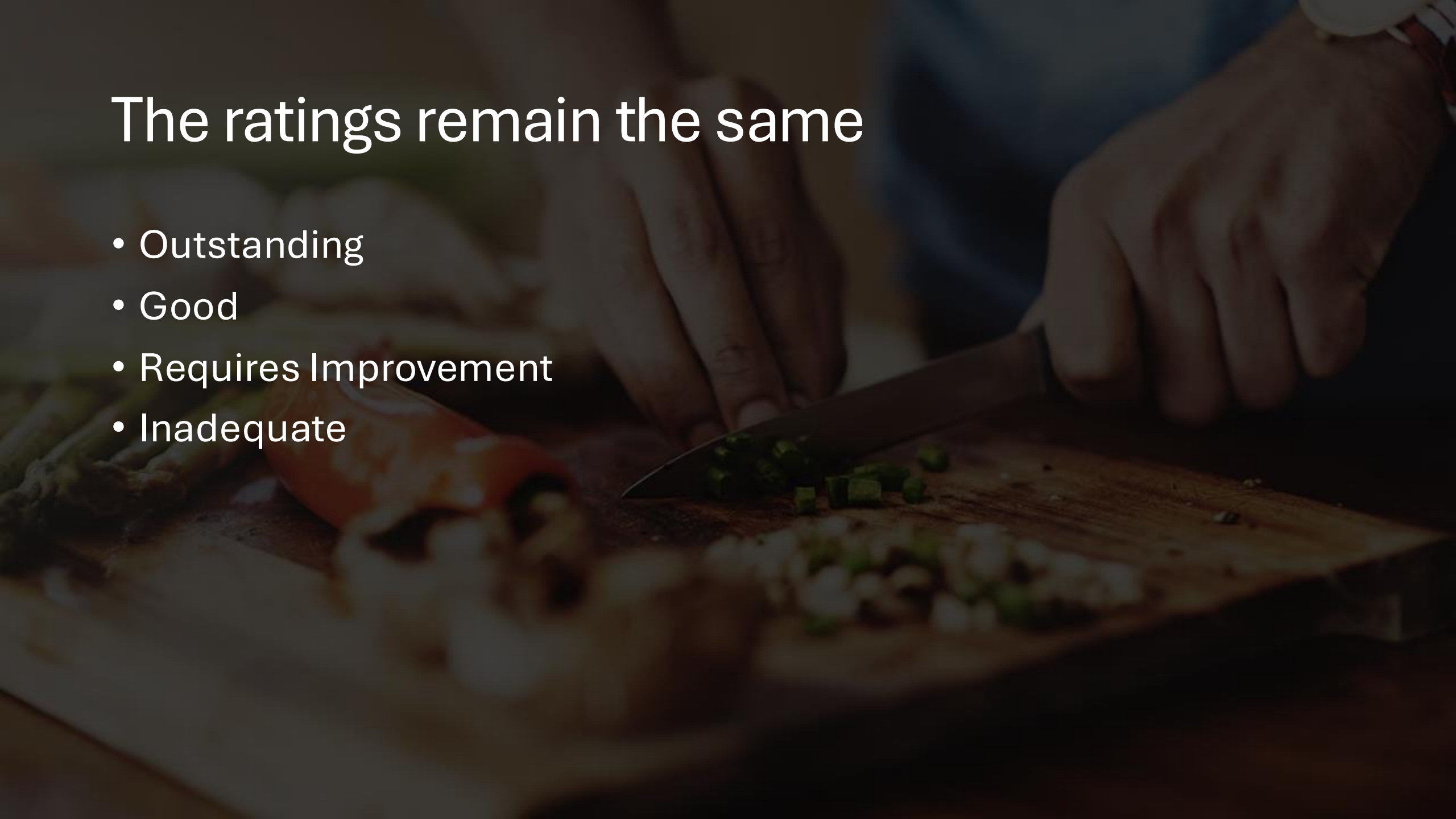
[Evaluation findings on assessor and inspector roles - Care Quality Commission](#)

[Kate Terroni to leave CQC - Care Quality Commission](#)- Oct 24

[CQC responds to reviews by Dr Penny Dash and Professor Sir Mike Richards - Care Quality Commission](#)- Oct 24

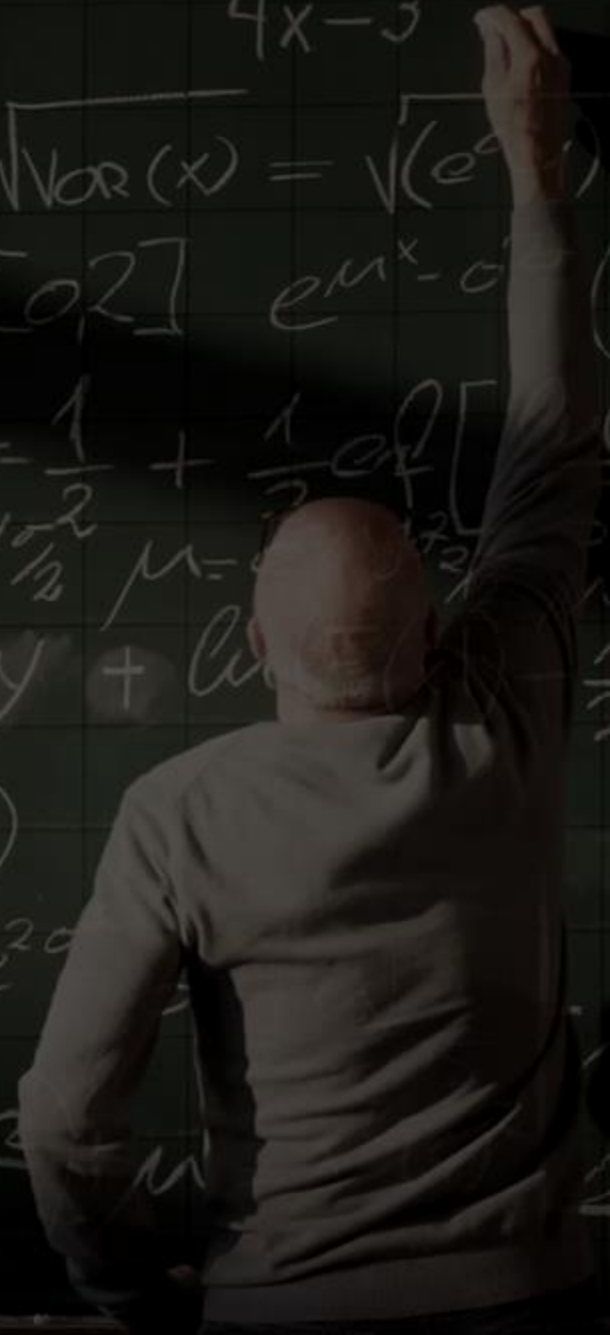
The ratings remain the same

- Outstanding
- Good
- Requires Improvement
- Inadequate



KLOES Remain the Same too !

- Safe
- Caring
- Responsive
- Effective
- Well led



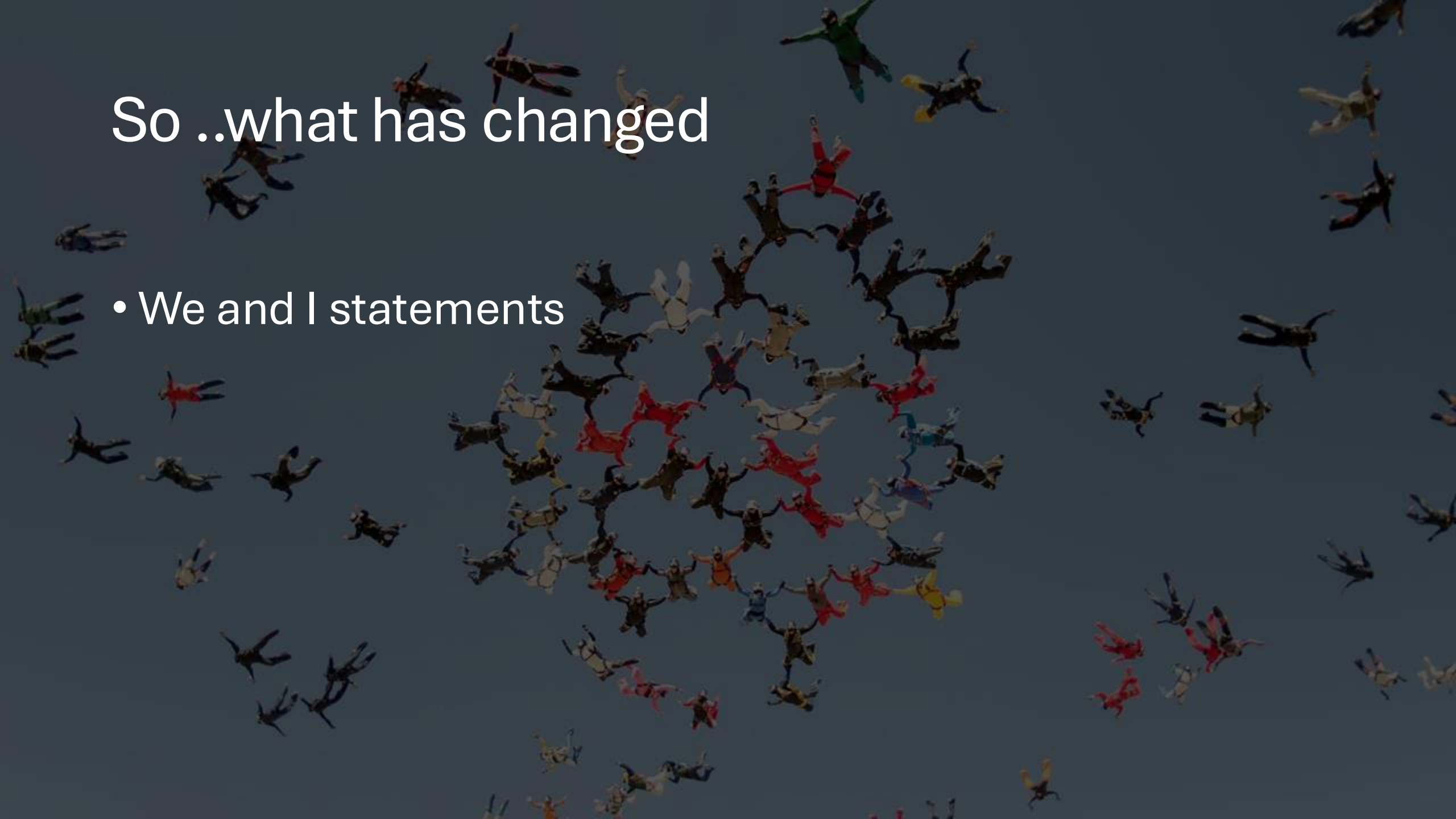
Fundamental
Standards/Regs

Remain the
same

New: the visitor
regulation

So ..what has changed

- We and I statements



Kloes

SAFE..ARE YOU MANAGING A SAFE SERVICE ?

RESPONSIVE ..ARE YOU MEETING SUS NEEDS

CARING ..ARE YOU CARING ORGANISATION TO STAFF AS WELL !

EFFECTIVE ..ARE YOU DELIVERING WHAT YOU SAY THAT YOU DO

WE LL LED – ARE YOU AS MANAGERS MANAGING ALL OF THE ABOVE AND IS A WELL LED ORGANISATION WITH 'TIGHT' GOVERNANCE PROCESSES AND QA

I statements



THE 'I STATEMENTS' SAY:



WHAT THINGS ARE
IMPORTANT TO PEOPLE
ABOUT THE CARE AND
SUPPORT THEY GET FROM
SERVICES



WHAT PEOPLE SHOULD
EXPECT FROM THEM.



**QUALITY OR WE
STATEMENTS**



THE 'QUALITY STATEMENTS'
SAY WHAT SERVICES
SHOULD BE DOING TO GIVE
GOOD CARE AND SUPPORT
TO PEOPLE.

How CQC will inspect ...on and off site

- **On-site activity**
- We will spend our time on site:
- Observing care and how staff interact with people
- Observing the care environment, including equipment and premises
- Talking with people using the service
- Talking with staff and service leaders.

- There will be a more iterative assessment of service and will use these new methods to form a picture over time.
- By moving away from the ‘one-size-fits-all’ methods that are currently in place, they’re hoping to provide a more up-to-date view of quality and safety while increasing responsiveness **towards signs of risk.**

On site...when its required

Where there are specific
communication needs
that require

a 121 approach

where there are concerns
around transparency and
confidentiality

to check the **validity** of
evidence CQC have
already gathered

in a setting e.g. from a
stakeholder that requires
follow up

Much more Cross
referencing &
stakeholder
involvement

Capacity tracker

Skills for Care

MDT members – feedback

SUs and Rels – feedback and SU surveys

GP practices – feedback and surveys

DNs – feedback

TVN s – feedback

Provider Information ...

CQC will :

request an [annual provider information request \(PIR\) from adult social care services](#), using the existing collection method

online reviews of clinical records

Request email evidence directly from providers to support an assessment

Request evidence, using information that a provider already has available

Choices of Evidence Depends On ...

the type of service e.g. dom care vs care /nursing homes

the quality statement and relevant evidence category

the information CQC already have about a service

NB You don't need to provide specific documents – CQC will ask for information you already have.

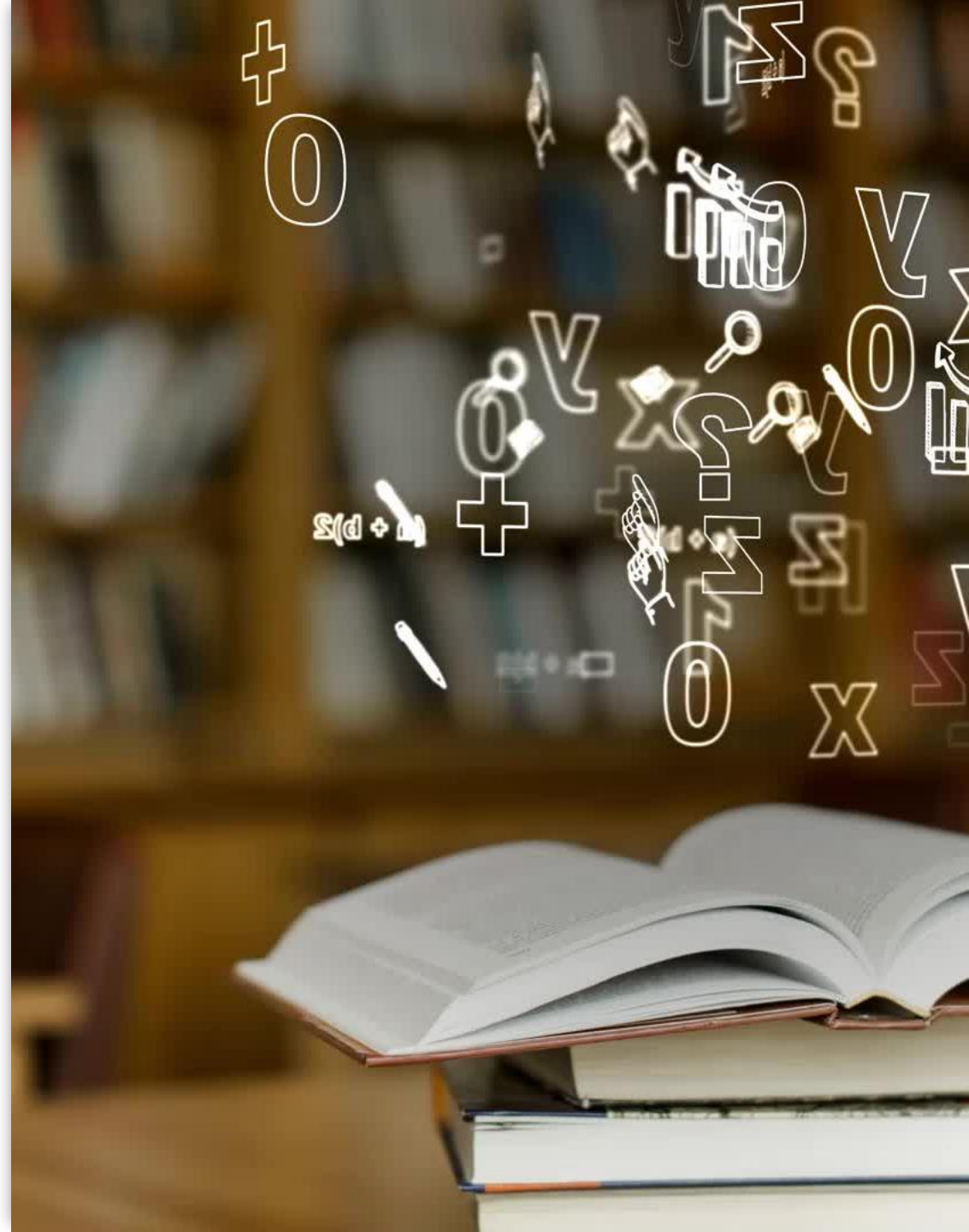
So ..Your plan

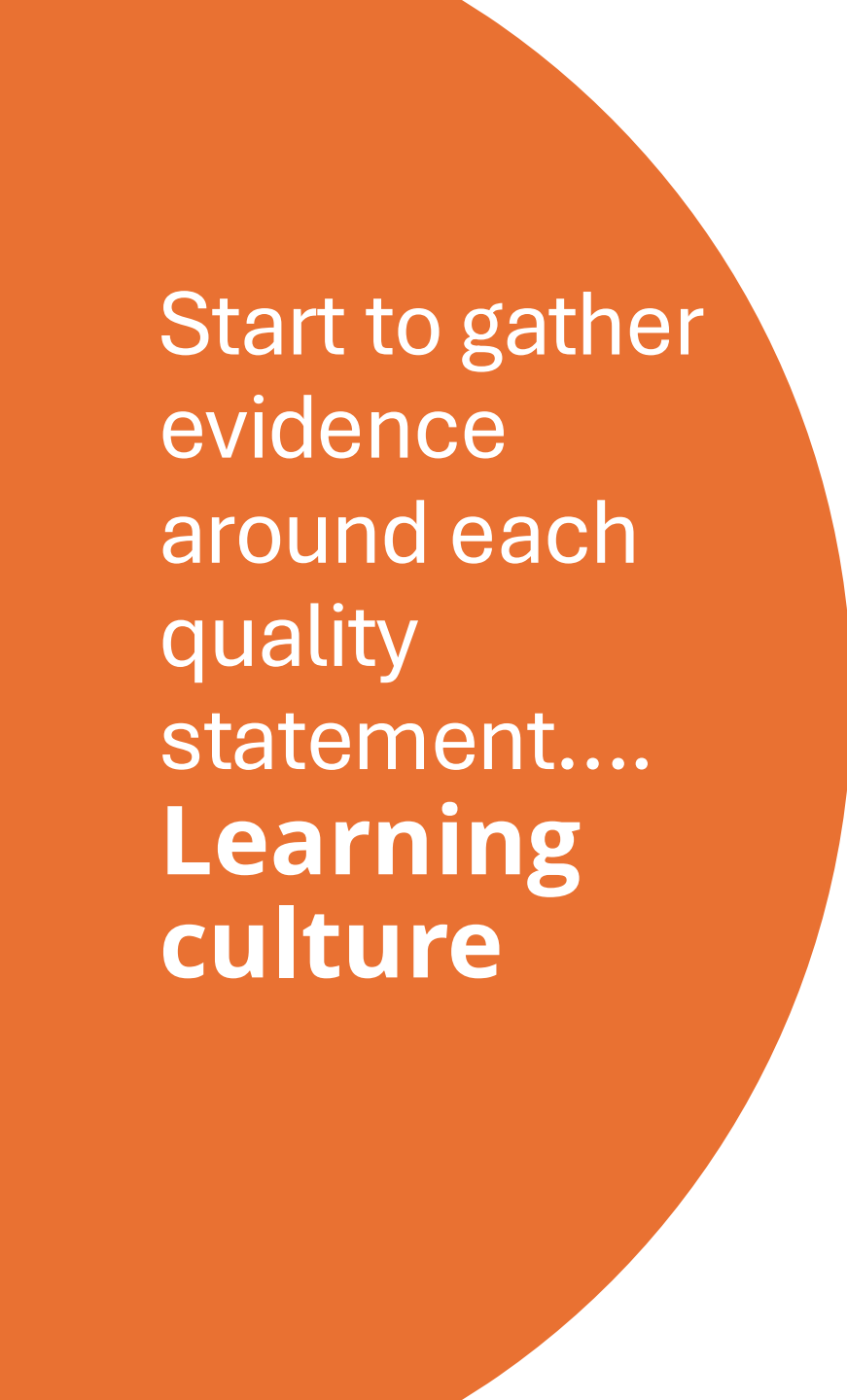
- Be PreparedKnowledge is key
- Planning
- Define sources of evidence
- Build portfolio of evidence against both 'we' and 'I' statements
- Know yr stakeholders.
- AND ...
- Have compliance as a constant thread




Knowledge is key ...Knowledge is an unending adventure at the edge of uncertainty.... Jacob Bronowski

- Read Read Read...CQC website, CQC reports, CQC State Of Care
- Read around the subject too...compliance websites, Skills for Care, legal websites
- Horizon scan ..know whats coming
- Chat to your colleagues as **everyone** has **something** to impart and a **different skill**
- Lead & teach your staff




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Start to gather
evidence
around each
quality
statement....
**Learning
culture**

- **We have** a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.
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We Have a Positive culture of safety...evidence

- Accidents and Incident review ..themes , lessons learned
 - RCA and risk assessments and review post incident
 - How have we changed practice as a result to stop this occurring again ...learning points and review
 - Duty of Candour..emails , letters , care plans , discussions with relatives and SU s
 - Where have we discussed and learned these things – team mtgs , supervisions
 - Whistleblowing policies/documentation/staff knowledge
 - Complaint learning
 - SIP
- 

I statements

..

I statements reflect what people have said matters to them.

- **I feel safe** and am supported to understand and manage any risks.
- I can get information and advice about my health, care and support and how I can be as well as possible - physically, mentally and emotionally.
- Evidence ...SU feedback, SU surveys

A stylized sun graphic on the left side of the slide. It features a solid blue circle at the bottom left, with several blue curved lines of varying lengths extending from it towards the top left, suggesting sunbeams. The background is split into an orange upper-left section and a white lower-right section by a curved line.

We Statement ...

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

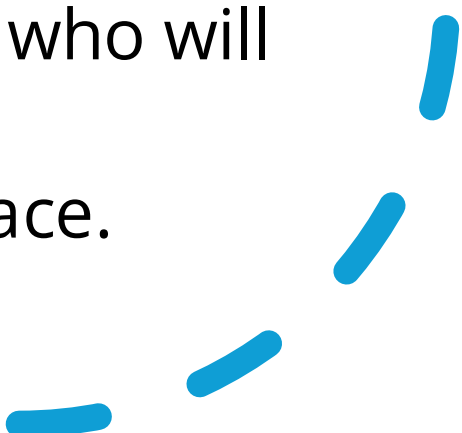
Potential Evidence ...

- Assessment Documents
- Transfer Documents/policy
- Documentation with MDT and GPs
- Ward round documentation
- SW documentation
- Risk assessments
- Safeguarding policies





I statement....

- I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.
 - When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
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I statement evidence

- SU feedback ...discussion with the SU re transfer, discharge , referral to NHS, care plans , care notes
- Discussion evidence with SW,s GPs , MDT , NHS staff
- Respect forms



Build an Evidence Matrix ...

- Base these on your 'we ' and 'I ' statements eg learning culture
- What do we have now
- What do we need
- Progress
- Review often



Resources

....

- CQC website
- Legal websites ..those that specialise in compliance
- Compliance websites e.g. Citation
- Ask for help from others..pick others brains !
- Use your contacts !
- Ask me for my SAF matrix!





Thanks for listening ..questions ?