

Lisa Lenton, ARC England Director, attended the CQC Trade Association meeting on 21st October. See below the key points raised in that meeting for your information. Don't forget these meetings are an opportunity for you to have a 'direct line' into CQC. Please let us know if you have any issues, comments or questions you would like us to raise on your behalf.

Key points to share:

- **Ratings** – the percentage of 'Outstanding' ratings was again raised, as these are so low. It was acknowledged that there will be a greater understanding of the outstanding rating once all services are inspected, which will be in about a year's time. One of the attendees asked how CQC prioritise which service is inspected before another. The answer was that an inspector looks at portfolios and will prioritise due to risk, last inspection date etc.
- **State of Care launch** – It was acknowledged that "For the first time, we've (CQC) been able to draw on the findings of our new ratings system across all of the sectors we regulate."
- **Dementia Challenge** – The Prime Ministers challenge on dementia 2020 build on the previous PM challenge 2012-15. CQC have been asked to support with engagement but, aren't sure at this stage what that will look like.
- **'Building on strong Foundations' paper**- will outline the achievements of the current strategy and what will need to change to assist with streamlining processes and making efficiency savings.
- **Website review** – 200 pages have been deleted and another 300 are marked for review. Of the survey respondents, nearly 70% were providers and identified:

Main frustrations: 1) Quality of search results. 2) Complex and bureaucratic language, longwinded copy. 3) Being unable to see what is new or recently updated.

Area's for improvement or new content include: 1) Example of poor practice. 2) Flow charts that map out regulatory processes and signpost related web content. 3) Summary boxes at the top of long or complicated pages.

Recommendations included: Separate form-based processes from guidance and information, create a resource library, remove archived services from main search, use summary boxes to set out key points.

Next steps: included providers being invited to take part in 'card sorts' – exercises to help CQC plan a structure. A new structure will be set out and providers invited to test.

- **Medication Management** – A lengthy presentation was given around medicine optimisation and medicine management. KLOE S4 asks 'how are people's medicines managed so that they receive them safely?' - a mandatory question. It is clear that medication is a focus within the 'Safe' key question. It was stated that providers should be following the NICE Guidelines and that a self-assessment tool is available for providers in the NICE guidelines, which will help providers understand best practice. CQC are keen to understand the number of medicine errors that have occurred in the last 12 months and are asking providers to advise them. **If you wish to feed in please let me know.** Providers are encouraged to review the NICE guidelines, and to ask service users what they need / expect from their medication. For example: pain relief, getting them on time, administered before or after food, etc. - with the

driver being a 'patient centred approach to improve patient outcomes'. CQC are keen to make medicine optimisation part of routine practice.

- **Other useful information**

95% of inspections should include an 'Expert by Experience'. An attendee asked for clarification for providers, regarding the roles of 'Experts by Experience' and specialist advisors. This should be advised in due course. The message was clear though, EbyE's should NOT be looking at records.

We asked for a copy of the Inspection Handbook (for inspectors) which we were given. The key here is identifying anything that would be useful and supportive for providers.

If you have any questions relating to this or have any issues for us to raise on your behalf please do not hesitate to contact lisa.lenton@arcuk.org.uk