The new inspection process for End of Life Care

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Our purpose
We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

Our role
We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care

We will be a strong, independent, expert inspectorate that is always on the side of people who use services
Our new approach
**What is different about our new approach?**

<table>
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<th>FROM</th>
<th>TO</th>
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<tbody>
<tr>
<td>• Focus on Yes/No ‘compliance’</td>
<td>• Professional, intelligence-based judgements</td>
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<td>• A low and unclear bar</td>
<td>• Ratings - clear reports about safe, effective, caring, well-led and responsive care</td>
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<td>• 28 regulations, 16 outcomes</td>
<td>• Five key questions (with Key Lines of Enquiry)</td>
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<td>• CQC enforces improvement to level of compliance</td>
<td>• CQC expects all providers to continuously improve</td>
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<td>• Generalist inspectors</td>
<td>• Providers and commissioners clearly responsible for improvement</td>
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<td>• Corporate body and registered manager held to account for quality of care</td>
<td>• Specialist inspectors with teams of experts</td>
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<td>• Focus on services, groups, pathways</td>
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<td>• Individuals at Board level also held to account for the quality of care</td>
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Our focus is on five key questions that ask whether a provider is:

1. **Safe?** – people are protected from abuse and avoidable harm
2. **Effective?** – people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence
3. **Caring?** – staff involve and treat people with compassion, kindness, dignity and respect.
4. **Responsive?** – services are organised so that they meet people’s needs
5. **Well-led?** – the leadership, management and governance of the organisation assure the delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.
### Rating four point scale

<table>
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<tr>
<th>Judgement &amp; publication</th>
<th>High level characteristics of each rating level</th>
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<tr>
<td><strong>Outstanding</strong></td>
<td>Innovative, creative, constantly striving to improve, open and transparent</td>
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<tr>
<td><strong>Good</strong></td>
<td>Consistent level of service people have a right to expect, robust arrangements in place for when things do go wrong</td>
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<tr>
<td><strong>Requires Improvement</strong></td>
<td>May have elements of good practice but inconsistent, potential or actual risk, inconsistent responses when things go wrong</td>
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<tr>
<td><strong>Inadequate</strong></td>
<td>Significant harm has or is likely to occur, shortfalls in practice, ineffective or no action taken to put things right or improve</td>
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Making a judgement

Is it good? (using the KLOEs and characteristics of good)

Yes

Can the provider demonstrate that the service is outstanding? (using the characteristics of outstanding)

Yes

Outstanding

No

No

Is the impact on quality significant or are concerns widespread? (looking at the concerns and using the characteristics of inadequate)

Yes

Requires improvement

Inadequate

No

No

Good

Requires improvement

Inadequate

Yes

Inadequate
Challenges and opportunities in regulation of End of Life Care?

- Francis report – highlighted the need for culture change
- Review of the Liverpool Care Pathway – recommendations for CQC
- Evidence of poor quality EOLC, especially in hospitals

- Mike Richards as our first Chief Inspector of Hospitals included EOLC in all hospital inspections
- CQC Board agreed to prioritise a thematic review of Inequalities in EOLC
- CQC membership of the Leadership Alliance for the Care of Dying People
- EOLC included in our inspection approaches across sectors
- Five Priorities for Care of the Dying Person included in our inspections
What about CQC’s inspection of End of Life Care?

Common elements in our inspection of End of Life Care across sectors:

- Care of people who are likely to be in the last 12 months of life.
- Non-specialist care as well as specialist palliative care, and holistic care and support.
- Care during the last 12 months of life, care in the last days and hours of life, care after death and bereavement support.
- Definition of Good reflects the 16 quality statements in NICE Quality Standard 13 and the five Priorities for Care of the Dying Person.
So what does this mean for inspection of End of Life Care…

...in hospitals and community services?

➢ A core service we look at on every inspection.
➢ Wherever people receive care, not just in palliative care services.
➢ Whoever delivers care, not just specialist staff.
➢ Includes non-clinical areas - chaplaincy service, bereavement office, mortuary.
➢ Separate rating for the quality of the End of Life Care service.
So what does this mean for inspection of End of Life Care…

…in hospices?

- From January 2015.
- Tailored approach for hospices and hospice at home services.
- The team: CQC inspector(s), a clinician or professional, an expert by experience, a pharmacist inspector.
- The size of the team will reflect the size of the service.
- An overall rating for the service, and ratings for each of the five key questions.
What does this mean for inspection of End of Life Care…

…in care homes?

✓ “Is the service caring?”
✓ “How are people supported at the end of their life to have a comfortable, dignified and pain free death?”
✓ And throughout our approach, do people receive personalised care that is responsive to their needs?
✓ No separate rating for quality of End of Life Care.
What does this mean for inspection of End of Life Care…

…in General Practice (Primary Medical Services)
2 waves of pilot inspections to end of September 2014
Ratings inspections from October

Same 5 questions and a set of Key Lines of Enquiry
- No specific rating for EOLC
Key lines of enquiry for Effective

- How well do staff and services work together?
- Is people’s consent to care and treatment always sought?

We look at care plans most practices are now doing for those with palliative care needs.
Key lines of enquiry for Caring

- Are people treated with dignity, respect and compassion while they receive care and treatment?
- Are people who use the services and those close to them routinely involved in planning and making decisions about their care and treatment?
- What emotional support and information is provided to those close to people who use services including cares and dependants, particularly during bereavement
Example of Outstanding from General Practice
What have we found in our hospital inspections so far?

- 60% of hospitals rated were Good or Outstanding for EOLC
- 40% of hospitals rated were Inadequate or Requires improvement:
  - Variation in quality of EoLC within hospitals
  - EoLC not always caring and responsive
  - Some poor use of DNACPR forms
  - Lack of privacy and bereavement care
  - Poor documentation regarding patients’ wishes for EoLC
  - Poor coordination of discharge arrangements for those wishing to die at home
  - Some palliative care team posts with short term funding
## Thematic review: Inequalities and variations in EOLC

### Inequalities

- Geographical variation
- Non-cancer diagnoses
- Older people
- Multiple co-morbidities
- People with dementia
- Other vulnerabilities

### Workstreams

- CCG profiles based on data
- Review EOLC commissioning in 43 CCGs
- Understand barriers experienced by people
- Include inequalities in EOLC inspections across sectors

### Additional Points

- Involve people and ensure their voices are heard
- Work with partners to increase impact
- Shared ownership of recommendations
Thank you!

Any questions?

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