



CQC Update

Although the CQC temporarily postponed inspecting services since mid-March due to the COVID-19 pandemic, their regulatory role has not changed and they continue to ensure that health and social care services provide people with safe, effective, compassionate, high-quality care. Now that restrictions are gradually being lifted, they are progressively resuming their procedures.



Emergency Support Framework (ESF)

The CQC is aware that during this period of profound challenge and changes to how care is delivered, there are increased risks to people, both to those with coronavirus and those without it, whose treatment and care is being directly or indirectly affected. As a result, the CQC has developed an Emergency Support Framework. (ESF) which underpins their regulatory approach during the coronavirus pandemic.

They started to roll out this approach from 4 May, sector by sector, which involves:

- Using and sharing information to target support where it is needed most – through notifications, feedback from the public and care staff, as well as whistle-blowers
- Having open and honest conversations – with providers, staff, and stakeholders
- Taking action to keep people safe and to protect human rights – using their powers to act where there is unsafe or poor care
- Capturing and sharing what they do and how they do it – to inform how they approach the recovery phase of the pandemic as well as learning



CQC ESF Contacts with General Practice from 18 May

The ESF will be used with General Practice from 18 May. Practices will be contacted by the CQC at some point and the idea is for these conversations to be open and honest about the challenges that Practices are facing and enable the CQC to support providers who need it.

The Framework is not a replacement for the paused inspection activity but will allow the CQC to monitor risk, identify where extra support is needed to respond to emerging issues, and ensure safe care is being delivered.

This approach will be flexible, and the CQC will adapt it and the Framework based on feedback and as the situation changes,



GP Mythbuster – Mandatory Training Update

This mythbuster [Nigel's surgery 70: Mandatory training considerations in general practice](#) was updated last week to highlight training during the coronavirus (COVID-19) pandemic.

Whilst the CQC appreciates this is an exceptionally challenging time, it is more important than ever to deliver safe and high-quality care and treatment and providers must ensure staff are only taking on activities that they have been trained to do so or have the skills for and must be kept up to date. The CQC expects providers to record any decisions and actions needed and taken to manage risks to keep patients and staff safe.

The CQC wants providers to decide what training is mandatory, make this clear to staff, and monitor how staff engage with it. During an inspection, the CQC looks at staff training under the key question of how effective a provider is: Keyline of enquiry (KLOE) E3 specifically considers whether "staff have the skills, knowledge and experience to deliver effective care and treatment."

Although the CQC does not have a list of mandatory training for members of the GP practice team, they would expect to see evidence of the following training:

- Basic life support
- Infection control
- Fire safety training
- [Mental Capacity Act and Deprivation of Liberty Safeguards](#) Training to the appropriate level on [safeguarding adults at risk](#) and [safeguarding children](#)



Understanding the Impact of Coronavirus on Autistic People and People with A Learning Disability

The CQC is working to understand the impact of coronavirus (COVID-19) on specific groups of people, including autistic people and people with a learning disability. This work includes analysing all available data on confirmed and suspected coronavirus deaths (as published by Office for National Statistics (ONS)) and mapping this against records which indicate whether someone was autistic or had a learning disability.

In independent health settings where autistic or people have a learning disability may live, 129 deaths have been notified to the CQC versus 134 in the same period last year. The detailed analysis by CQC which is currently working on will give a more accurate understanding of the impact of coronavirus on autistic people and/or people with a learning disability. They are using this information to ensure providers have the support they need to keep people safe; the more detailed the analysis the CQC has - and is able to share with local and national providers - the more effective that support will be.

All mental health providers should continue to notify the CQC of any deaths of people subject to the Mental Health Act (MHA) in a timely way, including both inpatients and those people who are subject to the MHA and living in the community. The CQC will continue to review this data to understand what factors might be driving this and if any additional action might be required to safeguard people.

Practices could assist in the continued management of coronavirus, since some care providers will be asked to urgently confirm the action, they are taking to manage coronavirus outbreaks, by recording any relevant information about this specific group of people.