



CQC are evolving their approach to regulating as the risks from the coronavirus pandemic change, by using a transitional approach to monitoring services.

The focus is on:

- Safety
- How effectively a service is led
- How easily people can access the service

The new approach includes:

- A strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs) so risk in a service can be monitored
- Using technology and local relationships to better direct contact with people who are using services, their families and staff working in the service
- Targeting inspection activity where there are concerns

Once CQC have reviewed information about your service, you will have a conversation online or via telephone. This is not an inspection and you will not be rated from this. It will help decide if further regulatory action is needed.

Information considered about a service

CQC will consider:

- Previous inspection reports and ratings
- Monitoring information collected through usual data sources
- An inspector's knowledge of the service
- Views of people who have used the service from online feedback, enquiries, and information for other agencies

Where more information is required, CQC will contact you for further information.

Monitoring

A call will be arranged with you and can take an hour or two, but some may be shorter. Microsoft Teams will be used where possible, if not a telephone call will be arranged.

The call will be around the specific KLOEs for your type of service and the inspector will note details around the discussion you have, noting any risk areas identified and examples of good practice and improvements to the service.

The inspector may also request evidence during the call and will allow screen sharing or attachments to be sent on an encrypted or protected email. If evidence cannot be sent on the call it must be sent to the inspector within 24 hours of the call. This will only be done where necessary.

Audio recordings will not be taken unless your consent is gained. An overall monitoring summary of findings will be prepared after the call.

The monitoring summary record is not an inspection report and no ratings are given, as such the factual accuracy process does not apply. Monitoring summary records will not be published on the CQC website.

Monitoring Outcome

Where an inspection or other regulatory action is not needed, a copy of the monitoring summary record will be sent.

Where risks are identified to the safety of people using the service, further regulatory action may be taken, including help to find additional sources of support for the service, an inspection to be carried out or enforcement processes. A monitoring summary record will not be sent in such cases and the necessary action will be taken.

Monitoring Questions for Providers

During the inspector's call they will focus on the specific key lines of enquiry below.

The types of detail asked within each KLOE is also recorded with some guidance from QCS on potential examples and policies to refer to for evidence of these:

SAFE

S1: How do systems, processes and practices safeguard people from abuse?

Potential Evidence

How are you managing risks to safeguard people from abuse?

- Safeguarding notifications and records.
- Feedback from Local Authority/Safeguarding teams.
- Risk Assessment Policy and Procedure.
- Safeguarding Policy and Procedure.

How are you protecting people's human rights, including consent about health treatment, particularly about involvement in advance care plans/DNACPR decisions?

- Copy of an Advanced Care Plan/Care Plan example.
- Stakeholder feedback.
- Feedback from people using the service, or their relatives/advocates.
- Equality and Human Rights Policy and Procedure.
- Consent to Examination or Treatment Policy and Procedure.

What are your arrangements to ensure people receive timely care that respects their dignity?

- Evidence feedback from people using the service – do they have to wait for care delivery? Do they feel respected and privacy given?

What action are you taking to ensure people who use the service are protected from abuse, and to support them to understand their rights?

- Evidence speaking to people and their relatives/advocates about their understanding of abuse and how to report concerns.
- Mental Capacity Act (MCA) 2005 Policy and Procedure.

How do you assure yourself that staff report concerns immediately and appropriately to the right person/people?

- Staff feedback.
- Regular staff training records.
- Spot checks, supervisions, and appraisals.
- Complaints, Suggestions and Compliments Policy and Procedure.

S2: How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe and their freedoms respected?

Potential Evidence

How do you assess and review risks to people, to ensure you monitor them?

- Care plan/risk assessment reviews.
- Service User Quality Reviews.

What arrangements are there to manage risks appropriately, and to make sure that people are involved in decisions about any risks they may take?

- Risk Assessment Policy and Procedure.
- Advance Care Planning.

How do you share information about risks with staff, people using your service and visitors?

- Describe the communication channels at the service.
- Is information accessible?

How do you ensure staff, people using your service and visitors understand the arrangements (for example signage, accessible information, information on your website)?

- Visitors code/types of visits documentation.
- Signage.
- Use of accessible information to communication.
- Has your website been updated with visiting information?

What lessons have you learned, or actions have you taken, to reduce or minimise the risk of accidents and incidents from happening in the future?

- Accident and Incident Reporting Policy and Procedure.

S3: How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs?

Potential Evidence

How has the pandemic affected your ability to staff the service, including their management, safety, well-being and deployment? For example, have you used agency staff?

- Staffing levels at the service.
- Agency Staff Policy and Procedure.
- Staff Rota Policy and Procedure.
- Staff Retention Policy and Procedure.
- Employee Welfare Check Form.

What action have you taken to manage this and ensure you continue to meet people's needs?

- Staffing levels action plan.
- Rota management.

How have you been able to make sure people get care and support from workers with the right knowledge and skills?

- Staff training records.
- Staff competency assessments.

Are working arrangements clear and accessible to staff, people who use the service, their supporters and visitors?

- *Staff Rota Policy and Procedure.
- *Communication of information/accessible information standards.

S4: How do you ensure the proper and safe use of medicines?

Potential Evidence

How have you ensured that the right medicines in the right doses and quantities are available to people, at all times?

- Refer to the suite of medication policies and procedures.
- Provide evidence of where this has been achieved with a service user and the systems followed.

How have you ensured medicines are stored and transported safely? For example, how are they delivered to the home, any returns?

- Detail the process for receiving a service user's medication.
- Storage of Medication Policy and Procedure.
- Collection of Prescriptions Policy and Procedure/ Ordering and Receipt of Medication Policy and Procedure.

How have you ensured any errors are noted, addressed, and learned from? Have you any examples?

- Medication Errors and Near Misses Policy and Procedure.

How have you ensured people who administer their own medicines can continue to do so safely?

- Care plan and risk assessment reviews.
- Service User Quality Reviews.

How do you ensure staff are competent to administer medicines safely? Have staff been asked to complete delegated duties in relation to the medicines and was training provided?

- Staff Competency Assessments.
- Staff Training Records.
- Staff spot checks, supervisions, and appraisals.
- Training and Competency on Medications Policy and Procedure.

How have you managed any challenges when working with your local healthcare professionals, including community pharmacies?

- Cooperating with Other Providers Policy and Procedure.
- GP and Visiting Professionals Policy and Procedure.

S5: How well are people protected by the prevention and control of infection?

How have you reviewed and developed your IPC arrangements in response to the pandemic – have you made any changes?

How are you thoroughly assessing and managing infection risks to people using the service so that the service can provide care to people both with and without coronavirus (COVID-19) symptoms or confirmed diagnoses?

How effective are your resources to obtain and access all necessary supplies, personal protective equipment and coronavirus testing for both staff and people using the service?

What changes have you made to staff working practices, for example, changing facilities, break times, meals and drinks?

Potential Evidence

- Refer to the following policies will support with this question:
Infection Control Policy and Procedure.
Personal Protective Equipment (PPE) Policy and Procedure.
Pandemic Policy and Procedure.
Coronavirus Policy and Procedure.
COVID-19 Testing Policy and Procedure.
- Admission and Discharge Policy and Procedure.
- Admissions During COVID-19 Policy and Procedure.
- Government's PPE Portal.
- Adult Social Care Infection Control Fund Summary (QCS Resource Centre document).
- Personal Protective Equipment (PPE) Policy and Procedure.
- COVID-19 Testing Policy and Procedure.
- COVID-19 secure practices. Examples – revised cleaning schedules, break areas, social distancing with work equipment, PPE, entrances/exits, signage etc.
- COVID-19 Secure Workplace Toolkit (QCS Resource Centre).
- Coronavirus Policy and Procedure.
- Pandemic Policy and Procedure.
- Assessing and Reducing Risk to Workforce (COVID-19) Policy and Procedure.
- Home Working Policy and Procedure

Potential Evidence

How is IPC-related training and support being provided?

- Staff training changes – is this virtual or adhering to social distancing requirements?
- Are staff being provided with regular training as IPC changes occur?
Factsheets/guidance from the QCS resource centre.
- Staff pocket guides (QCS resource centre)





EFFECTIVE

E7: How do you ensure consent to care and treatment is always sought in line with legislation and guidance?

Potential Evidence

How are you managing social distancing, and ensuring least restrictions on people's liberty or using seclusion/segregation during the pandemic period?

How does the service promote supportive practice that avoids the need for physical restraint? For example, are positive behaviour support plans in place? Are staff trained in this?

Where physical restraint may be necessary how do you ensure that it is used in a safe, proportionate, and monitored way as part of a wider person-centred support plan?

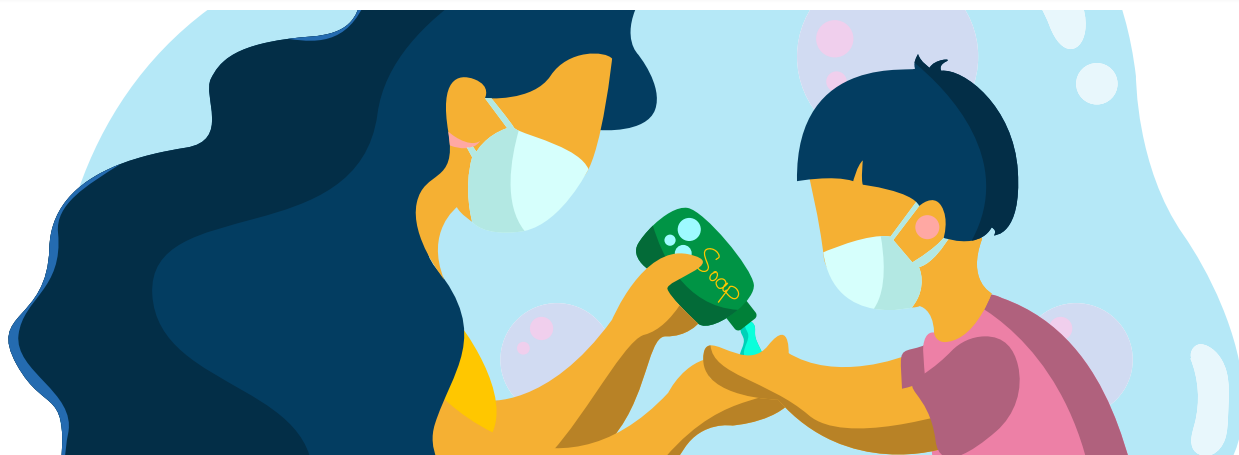
How are you ensuring that you continue to meet Mental Capacity Act Code of Practice requirements?

- Admission and Discharge Policy and Procedure.
- Admissions During COVID-19 Policy and Procedure.

- Positive Behaviour Support Policy and Procedure.
- Positive Behaviour Care Plan.

- Restraint Policy and Procedure.

- Mental Capacity Act (MCA) 2005 Policy and Procedure.



CARING

C1: How do you ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?

How are people treated with kindness and compassion in their day-to-day care and support?

How do staff show they know and respect the people they are caring for and supporting, including their preferences, personal histories, backgrounds and potential?

How are you supporting staff, relatives, and people who use the service to raise any concerns and give feedback?

How have you supported people's emotional wellbeing to maintain important relationships, including family/friends/advocates visits?

How have you supported people to adjust to changes and restrictions to their social life and routines due to coronavirus? What has worked well in supporting people's emotional and spiritual needs during coronavirus; and how will learning be embedded?

Potential Evidence

- Staff training records.
 - Staff supervisions, spot checks and appraisals.
 - Feedback from service users and their relatives/advocates.
- Staff feedback.
 - Spot checks on staff.
- Staff feedback.
 - Service user feedback.
 - Complaints, Compliments and Suggestions Policy and Procedure.
 - Whistleblowing Policy and Procedure.
- Employee Welfare Check Form (QCS Resource Centre).
 - Visitors Policy and Procedure.
- Staff and service user feedback in relation to changes that have taken place.
 - Business Continuity Plan for the service.

C2: How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?

How do staff recognise when people need and want support from their careers, advocates or representatives to help them understand and be involved in their care, treatment and support?

Does the service give staff the time, training and support they need to provide care and support in a compassionate and personal way? Are rotas, schedules and practical arrangements organised so that staff have time to listen to people, answer their questions, provide information, and involve people in decisions?

- Communication care plans.
- Staff training records.
- Staff feedback and observations of them through spot checks, supervisions, and appraisals.
- Service user feedback.

- Rota management at the service.
- Staff training records.
- Visit times in line with contract requirements.
- Staff and service user feedback.



RESPONSIVE

R1: How do people receive personalised care that is responsive to their needs?

Potential Evidence

How does the service meet the Accessible Information Standard?

- Detail communication methods at the service, how do they ensure people still receive information in the format they need?
- Accessible Information Standards Policy and Procedure.

What impact has the increased use of PPE had on people's ability to access information for example, hearing impairments?

- Face Covering and Meeting the Accessible Information Standards (QCS Resource Centre)

How do you ensure that you make other reasonable adjustments for disabled people?

- Care plan reviews.
- Provide examples of any adjustments made for service users.

How do you ensure that you can meet the range of individual needs for people using the service, for example cultural or religious needs?

- Care plan reviews documenting cultural and religious needs.
- Provide examples of any instances.

How have you changed the way people's care has been planned since the start of the pandemic?

- Provide examples of changes made i.e. care plan/risk assessment reviews following the pandemic.

How has people's involvement, or those who are involved in their decision making, been affected by coronavirus?

- Cooperating with Other Providers Policy and Procedure.
- GP and Visiting Professionals Policy and Procedure.

How well do people using the service know how to make a complaint or raise concerns?

- Complaints, Suggestions and Compliments Policy and Procedure.

How comfortable do they feel to do so in their own way; and how confident are they to speak up?

- Feedback from Service User Satisfaction Surveys, care plan reviews and quality reviews.

How easy and accessible is it for people to use the complaints process or raise a concern?

Potential Evidence

- Detail how the complaints process is accessible – can the policy be given in different formats and service users helped to relay a complaint via their preferred methods?
- Service Users with Communication Difficulties Policy and Procedure

How are people who raise a complaint or concern protected from harassment, discrimination or disadvantage?

- Complaints, Compliments and Suggestions Policy and Procedure.
- Data Protection and Confidentiality Policy and Procedure.

R3: How are people supported at the end of their life to have a comfortable, dignified and pain-free death?

What, if any, changes have you made to arrangements for supporting people at the end of their lives? In relation to family and friends, and working in partnership with health care professionals?

Potential Evidence

- End of Life Care Planning Policy and Procedure.
- Advance Care Plan.



WELL LED

W2: How does the governance framework ensure that responsibilities are clear and that quality performance, risks, and regulatory requirements are understood and managed?

Potential Evidence

How are you supporting services to ensure safe care and treatment is maintained for people during the coronavirus pandemic?

- Care plan reviews.
- Cooperating with other providers and health care professionals during the pandemic.
- Capacity.
- CQC data updates. (Homecare Survey or Capacity Tracker)

What are the arrangements to ensure transparency with staff, people using the service and their representatives about coronavirus risks, infections, other safety risks, and deaths?

- Communication methods at the service i.e. newsletter, letter, website updates etc.
- Accessible information standards.

Is there a registered manager at the service? Where there is no registered manager, how has the service been managed?

- Detail the registered manager status of the company and arrangements in place where there is not one in situ.

How are you meeting all relevant legal requirements, including CQC registration requirements, safety and public health obligations and sending notifications?

- CQC notifications.
- CQC data updates (Homecare Survey or Capacity Tracker)
- Business Continuity Plan updates.
- Statement of Purpose updates.

How are you keeping up to date with, for example, changes to guidance?

- Detail how this is being done at the service.
- QCS COVID-19 Hub.

What support networks have you created/accessed and how have they supported your service?

- Detail any support networks you have and how these have supported you.

Questions related to insurance requirements:

Do you have a current certificate(s) of insurance for your service covering both public and employer liability?

- Evidence insurance certificate.

If not, why not?

- Provide an explanation where this is not in evidence.

Does the current liability insurance cover include any exclusions or caps in relation to coronavirus or any other issues?

- Detail the insurance cover as required.

If the certificate end date shows the policy is due for renewal shortly, have you already discussed this with your insurance provider? Has this raised any concerns about the new cover?

- Detail renewal discussions, where required.

If you have any concerns about renewing your liability insurance, have you discussed this with your trade association? (if a member)

- Detail any concerns and further discussions.

W4: How does the service continuously learn, improve, innovate and ensure sustainability?

What are your systems and methods for monitoring the overall quality of the service and for responding to business risks and issues as they arise? For example, quality assurance, information and clinical governance systems and evaluating learning from current performance?

- Quality audits.
- Policies and procedures (COVID-19 Hub).
- Evidence good governance i.e. meetings, action plans and lessons learnt.

How do you use these systems to drive improvement and manage future performance?

- Evidence actions and learning from any audits and meetings, with examples of how this has driven improvement in the service.
- Good Governance Policy and Procedure.
- Auditing Policy and Procedure.

What have you learned during coronavirus? What learning and improvement has had positive impact for people and/or staff? Do you have examples where coronavirus has led to innovation?

- Detail specific learning for your service during coronavirus.
- Staff/service user feedback.

W5: How does the provider work in partnership with other agencies?

Potential Evidence

How well are you able to work effectively with system partners when care and treatment is being commissioned, shared or transferred?

- External professional's feedback.
- Cooperating with Other Providers Policy and Procedure.