

Our Strategy for 2010–2015



We make sure people get better care

Who are we improving care for?

- People who use services, carers and families
- People in more vulnerable circumstances
- Public and taxpayers

Our priorities

Ensuring care is centred on people's needs

Championing joined-up care

Acting swiftly to help eliminate poor quality care

Ensuring and promoting high quality care

Regulating effectively in partnership

What we will do to achieve our priorities

Registration and ongoing monitoring

Enforcement

Regular reviews of performance

Special reviews and studies

Mental Health Act visits

Publishing information

Operating principles

- Involve users to focus on what is important to them
- Expertise and independence
- Promote equality, diversity and human rights
- Engage with those providing or commissioning care
- Ensure regulation is proportionate, targeted, consistent, evidence-based, transparent and accountable

Foreword

Health and social care touches everyone at some point. The quality of these care services can have a profound impact on our lives and on the lives of our families and carers. The Care Quality Commission is the new regulator of the quality of health and adult social care in England. Our task is to make sure that essential standards are met wherever health and social care is provided, and that people experience a better quality of care.

This publication outlines our role as regulator and how we plan to carry out our responsibilities over the next five years.

As the first regulator in England to work across health and social care, we have a unique opportunity to take a new approach. Not only will we assess individual services throughout the country, but we are also able to look at how well the two sectors work together to bring people better integrated care.

Our plans are not fixed, and we want to hear comments and suggestions on how best to use our powers and resources to achieve the best possible care for people.

The questions we are asking in this plan are:

1. Have we set the right priorities to improve the quality and safety of care?
2. Are we planning to go about our work in the right way?
3. Are we clear about our role in improving the quality of care for people in the wider system?
4. How can our regulation:
 - Strengthen the voice of people in our assessments of the quality of care?
 - Improve services and organisations where performance is poor?
 - Contribute to better integrated and joined-up care?
5. How can we streamline regulation most effectively?
6. How can you support the achievement of our plans?

We look forward to receiving your feedback. We plan to publish our final strategic plan in early 2010.

Barbara Young
Chairman

Cynthia Bower
Chief Executive

Contents

Foreword	1
1. The job we have been given	3
2. The challenges we see	6
3. What we are seeking to change	10
4. How we will go about our work	14
Give us your views	19
Appendix: Our regulatory activities	21

1

The job we have been given

As the regulator of health and adult social care, we are here to make sure that people's care meets essential quality and safety standards and to encourage ongoing improvement in those services that commission, as well as deliver, the care. We promote the rights and interests of people who use services, and we have a wide range of powers to take action on their behalf.

Our work brings together the regulation of health, mental health and adult social care. We are an important part of England's care system, which spans providers and commissioners of care and other regulatory and review bodies.

Our starting point is that organisations are accountable for the quality and safety of the care they provide – the role of regulation is to reinforce that accountability to people using services and the public, and to take proportionate action if organisations are not meeting their legal responsibilities.

It is local staff and local services who deliver improved services for people. Regulation should be an enabler – we should work in a way that builds capability in organisations and that takes a lighter touch when services are performing well. The flipside of this is that the regulator needs to act swiftly and be tough when people are not getting an acceptable standard of care or are not having their rights upheld.

Our powers and duties as regulator

We have been given a range of legal powers and duties to make sure people get better care. These include:

- The registration of health and adult social care providers to ensure they are meeting essential common quality and safety standards. The new statutory powers granted to CQC for registration of services represent a significant step change – enabling us to: act swiftly and flexibly on behalf of people to ensure essential standards for safety and quality are met; use dynamic and flexible monitoring systems to gather intelligence; and work effectively with others in the health and social care system to drive improvement.
- The monitoring and inspection of health and adult social care services – looking at information, and visiting providers of care when we think it is important to do so.
- Using our enforcement powers, such as fines and public warnings, if a provider's services do not meet the essential quality and safety standards. If we think that people's basic rights or safety are at risk, we will take action swiftly, including closing a service down if necessary. We can investigate providers of health and social care, using powers given to us under the Health and Social Care Act 2008.



- Visiting patients whose rights are restricted under mental health legislation, to ensure their rights are protected.
- Promoting improvement in health and social care services, by undertaking regular reviews of how well those who arrange and provide services locally are performing.
- Carrying out special reviews and studies that provide information on particular types of services and pathways of care, or areas where there are concerns about quality – for example, producing local and national reports on aspects of care such as services for people who have had a stroke, or meeting the healthcare needs of people living in care homes.
- Our assessments of the performance of health and social care organisations are important in providing independent public accountability in their own right. These assessments will also contribute to Comprehensive Area Assessment – a joint inspectorate assessment of how well people are being served by their local public services, and how well those services are working together to improve outcomes and make progress towards long-term goals for local communities – which we are developing, refining and delivering with our partner inspectorates.

- Reporting the outcomes of our work so that people have accessible information about the quality of their local health and adult social care services, and to inform the development of national policy. This will also help those who provide services to see where improvement is needed and learn from each other about what works best, and inform those commissioning care – primary care trusts and councils – of the quality of services they are commissioning. We will make all our reports available and accessible, from reports on individual care homes and hospitals to in-depth reports on particular aspects of health and social care.

Our role within the wider health and social care system

Our unique role as the independent regulator involves working cooperatively with a range of other organisations in the health and adult social care system in England.

Fundamentally, it is for the professional people working in health and social organisations to provide high standards of care at all times, and for those in control of those organisations to be assured that this is being achieved. Depending on the services they offer and the sector in which they operate, many of these organisations also have to meet our expectations and requirements, and those of other bodies in the system.

Primary care trusts (PCTs) and councils

commission services, including jointly, and ensure that there is enough care to meet the needs of their local populations. We will annually review the quality of their commissioning, and use this information as part of our contribution to the annual Comprehensive Area Assessment.

Strategic health authorities (SHAs) oversee the commissioning arrangements of PCTs. They individually and collectively ensure high standards of performance and that regional health needs are addressed. The information we produce on the performance of PCTs is important for SHAs to ensure that the NHS is meeting people's needs in a regional area. Where provider trusts have not obtained foundation trust status, the SHA will also ensure, on behalf of the Department of Health, that anything we identify as being necessary to ensure legal and statutory obligations are met is being acted on.

Monitor, the independent regulator of NHS foundation trusts, determines whether NHS trusts are ready to become NHS foundation trusts and ensures that existing foundation trusts comply with the conditions they signed up to. It has powers to intervene where there are failings in a foundation trust's standards of healthcare, or in other aspects of its leadership, which result in a significant breach of its terms of authorisation. Monitor and CQC have a legal duty to cooperate and will work closely to agree which of us is best placed to address concerns about the quality of care being provided by a foundation trust. We will only be satisfied when the quality of care provided to patients can be assured as being acceptable.

The Government Offices for the Regions are responsible for ensuring that local public services of the highest quality and value are delivered in a region on behalf of government. They do this by maintaining the principal government relationship with councils and their partnerships. They also share their data and intelligence about performance issues with regulators and inspectorates as appropriate.

The Audit Commission appoints auditors to local authorities, SHAs, PCTs and non-foundation NHS trusts, and sets the terms under which they work. Auditors must satisfy themselves that these bodies have proper arrangements for securing value for money in the conduct of their business, according to criteria and guidance set by the Audit Commission. For local authorities, PCTs and non-foundation NHS trusts, this includes making an annual scored judgement about their use of resources. The Audit Commission works in partnership with five other inspectorates, including CQC, to develop, deliver and refine Comprehensive Area Assessment. It also undertakes inspections of certain local authority functions and housing associations, and publishes national studies into financial management and on value for money in local government.

Other regulatory and review bodies. There are several professional and regulatory and review bodies operating mainly in the healthcare sector. Each has its own requirements in law that it expects care organisations to meet, relating to a range of issues including: financial control; probity and value for money; workforce requirements, including those relating to violence and health and safety obligations; the production of information; and managing risks in relation to litigation. We work closely with these bodies, individually and collectively, and principally at the local level. Our aim is to ensure that we share an understanding of the risks in the local health economy and in healthcare organisations, and agree which body is best placed to take any action needed.

2

The challenges we see

Everyone’s life is touched by health and social care services in some way – from a visit to their GP, to a stay in hospital or a family member needing residential care. Health and social care is a major item of expense for the Government and for local councils, who need to be assured that the services they buy are of a high quality. In 2007/08, NHS expenditure in England was £86.9 billion and local councils spent £15.3 billion on adult social care.

Around 80% of the spend in social care and around 70% in healthcare is on staff.

Many different types of organisation provide services and, although the bulk of healthcare is free at the point of use, social care is a means-tested benefit and a significant number of people fund their own care. In 2006/07, private expenditure on social care was around £5.9 billion for older people

Key facts

- 1.77 million adults received one or more care services commissioned through or provided by local councils in 2007/08 and, at 31 March 2008, just over one million adults were supported to live at home.
- There were approximately 360,000 care home places for older people and 72,000 for younger adults on 31 March 2008.
- In 2007/08, there were 4.5 million emergency admissions to acute hospitals in England and around 16.5 million first outpatient attendances, while there were 300 million GP consultations in 2008.
- 655,000 babies were born in England in 2007.
- In 2007/08, almost 1.2 million people were in contact with NHS specialist mental health services, of whom 105,719 spent time in hospital.
- The number of detentions under the Mental Health Act in 2007/08 was 47,600.
- There are approximately 5.2 million carers in England and Wales.
- The adult social care workforce is estimated to be 1.5 million, while the NHS directly employs 1.3 million staff, in hospital and community health services and GP practices contracted to the NHS.

only, and private expenditure on healthcare was around £7.7 billion.

People's needs for care and support vary and change over time. For many people the main contact with the system will be with their GP. For others, coordinated long-term care and support from a number of sources will be required. As people's relationship with services changes and develops, their priorities and expectations also change. While the quality and safety of a service are always a priority, choice and personalisation of care have become much more important in recent years.

Most people have a positive experience of the care they receive and there is evidence that quality standards in both health and social care are improving. The expectation is of an increasing focus on the quality and safety of care, of safeguarding and protecting the rights of both children and adults, of personalised care and of better comparative information about the quality of care. However, there are still aspects of services where people are not getting good outcomes.

Particular issues, highlighted in the work of the previous Commissions¹ and other sources, include:

- **Securing fair access to appropriate care.** In social care, there are significant concerns about the variable application of national eligibility criteria (with elements of a 'postcode lottery', particularly if people move to another council area), lack of consistency and transparency in allocating resources, and lack of care for people with lower level needs (which can have damaging and distressing consequences for people and their families, with resulting additional costs of care having to be met by the NHS). People who

fund their own social care also face disadvantages and typically end up in their situation by chance, rather than by choice. They risk being fast-tracked into residential care before other options have been properly explored. In healthcare, particular communities – such as people living in more deprived areas, disabled people and people with learning disabilities – lack sufficient access to care or are not consistently having all their healthcare needs met. In responding to these challenges, the Government recently published *Shaping the Future of Care Together*, the Green Paper on the reform of adult care and support in England.

- **Ensuring person-centred care that supports independence and choice.** People using services, their carers and families should be in the driving seat in making decisions about their own care. The evidence is that this is not consistently the case, with a need for better information, a stronger voice and advocacy support for those who need it, and a cultural shift in care services.
- **Investing in early intervention, support and prevention.** Successive policies have supported greater investment in early intervention and prevention to enable people to live more independent lives in their communities, to prevent ill-health in later life, and to deliver better value for money in the medium term, but implementation has been slow.
- **Reducing health inequalities and improving public health.** Wide health inequalities persist in England. There is up to a 23-year difference in life expectancy between the most affluent and most deprived wards in England. There are inequalities in relation to factors such as occupational group, ethnicity and geographical area, and patients of GPs in areas with the worst

¹ See *The State of Social Care in England, 2007-08* (January 2009); *State of Healthcare 2008* (December 2008); *The 13th Mental Health Act Commission Biennial Report 2007-09* (July 2009)

health outcomes are less likely to have their need for preventive treatment identified.

- **Tackling poor performance.** There remain significant variations in the quality and safety of care provided. A stronger focus is needed on the provision of safe care – including systematic learning from incidents and complaints. There is a lack of information on the outcomes of care (including the views of people who use services and carers).
- **Ensuring that staff are properly trained and supported to do their jobs.** These are repeated issues in the reports of the previous Commissions on areas of poor care. Staff support, supervision and direction were sometimes lacking.
- **Providing the right leadership and accountability for quality of care.** Care that puts people first, protects their rights, seeks feedback from those using services and acts on it requires effective managerial and professional leadership, and accountability at all levels.
- **Working together across health and social care to meet people's needs.** Problems persist with the way people who need both health and social care services experience care. These include gaps and long waits in their care at the point of transfer, lack of coordination and duplication of care across different services, care that is not tailored to their individual needs, and lack of information about the care options available to them. Better links between health and social care and other local public services, such as housing and employment, are also needed to support independence and social inclusion.

- **Supporting people in more vulnerable circumstances and protecting their rights.** The performance of care services in safeguarding adults and children is not at a consistently high standard. There are also concerns about age discrimination in the commissioning and provision of care.

Improving outcomes for particular groups. For example, compared with the general population, people with mental health problems experience inequalities in health and social outcomes. These include different outcomes in relation to physical health, employment, education, housing, social networks and community participation. There are particular long-standing issues for people with mental health problems from black and minority ethnic groups, with a need for better understanding of what can be done to prevent mental health problems and to improve access to early intervention services for these groups.



The economic environment

Over the period of this strategy, the economic environment will inevitably have an impact on health and social care, including:

- Potential pressures in the social care market on the quality and availability of care, choices on public spending in health and social care, and choices on the investment in quality and prevention in health and healthcare.
- The impact of rising unemployment on health, wellbeing and communities.

We will keep our strategy under review so that we can respond flexibly to significant changes in circumstances that may affect the quality of the provision of health and social care.

Making a difference through our work as regulator

Taking all of these factors into account, our principal task is to make a positive contribution to improving outcomes for people. Our resources are limited, so we need to make some careful choices about how we go about achieving this. We must:

- Be driven by the outcomes that people who use services identify as being important to them and take a rights-based approach. As we set out in our publication *Voices into Action* – which followed consultation – involving people who use services and their carers, families and friends in what we do and how we do it is central to our plans, and essential for our success.

- In conjunction with people who use services, identify the areas that we want to prioritise – so that we make a difference in those areas that will benefit the most from our unique position, and be accountable for making a difference in them.
- Develop a system of regulation that enables us to meet the objectives we have set.
- Be clear how we will maximise the impact that we have by working in conjunction with others.
- Be flexible and timely in responding to issues of performance and poor quality services that we find, or that are brought to our attention, and ‘nip them in the bud’.

3

What we are seeking to change

First and foremost, we will be successful if care is better for people.

As the independent regulator of health and adult social care, we have a unique ability to influence the quality of care in England.

We are responsible for driving improvement and taking action if providers do not meet essential quality and safety standards. We will also ensure that people have the power to make informed choices about the care services they receive and have access to services that offer a seamless experience of care.

We want to focus our activities to ensure they make a real difference to people. We have, therefore, identified a set of priority outcomes for areas where we wish to bring about visible change. We believe that by defining a few high-level priorities, we can give our work a clearer focus.

Our priority outcomes

We have identified **five** priorities where we believe our unique role as regulator will enable us to significantly enhance the quality of outcomes for people who use services:

- 1. Ensuring care is centred on people's needs and protects their rights:** We want people to be able to shape their own care around their needs, and to have a voice. As part of this, they need access to timely, relevant and accurate information so that they can make informed choices about their care.
- 2. Championing joined-up care:** We want to champion better coordination and integration of health and social care, so that the services people receive are joined up and their experience is good. We also want better integration within sectors, for example across primary and acute services, and in the transition that young people make into adult care. We want commissioners and providers of care to work together, and with people who use services, so that people's outcomes are improved
- 3. Acting swiftly to help eliminate poor quality care:** People have a right to expect that, if a service falls below essential quality and safety standards for registration, this is identified and swift action is taken. We want to have a major impact on these poorer services and will focus particularly on the weakest performers that have failed to improve – approximately the lowest 10%.

4. Promoting high quality care: People should be able to access and experience registered services of high and improving quality that put them first and champion their rights. Where we identify care that is improving, we will promote this so that other commissioners and providers can learn from what is working well.

5. Regulating effectively in partnership: We will work with other organisations to improve the quality of life for communities and individuals within them, and to ensure that the benefits that we bring to service users significantly outweigh our costs and those incurred by others in meeting our expectations.

Our work to achieve improvement in these priority areas will always be underpinned by the principles of equalities and human rights. This will include a strong focus on differences in access to services, the safety and effectiveness of care, and people's right to be treated with dignity and respect. We will pay particular attention to the needs of people in more vulnerable circumstances, including: those with mental health problems, learning disabilities, physical disabilities or long-term conditions; older people; and children and young people.

We recognise that improving outcomes in the five areas set out above will depend on all parts of the health and adult social care sectors working effectively together and with people using services and their carers. Effective regulation is just one part of that.



Nevertheless, we think it is important to set out for consultation the outcomes that we consider we should be assessed against. The following table sets out the five strategic priorities, the main actions that we will be taking on each, and our initial thinking on outcome measures. We welcome views on this, and will be doing further work on the actions and measures, recognising that disentangling the contribution of regulation and other factors in these areas is always challenging.

Our Strategic Priorities for 2010–2015

Strategic priority	What we will do
<p>Ensuring care is centred on people’s needs and protects their rights: We want people to be able to shape their own care around their needs, and will protect their rights so they have a voice. As part of this, they need access to timely, relevant and accurate information so that they can make informed choices about their care.</p>	<ul style="list-style-type: none"> ■ Assess and report on how well commissioners and providers engage local people in the design and delivery of their services. ■ Work with stakeholder groups to ensure individuals are engaged in decisions about how their care is provided and reviewed, to ensure it is safe and treats them with dignity and respect.
<p>Championing joined-up care: We want to champion better coordination and integration of health and social care so that the services people receive are joined up and their experience is good. We want commissioners and providers of care to work together, and with people who use services, so that people’s outcomes are improved.</p>	<ul style="list-style-type: none"> ■ Monitor the integration and coordination of health and social care services through our regulatory activities.
<p>Acting swiftly to help eliminate poor quality care: People have a right to expect that if a service falls below essential quality and safety standards for registration, this is identified and swift action is taken. We want to have a major impact on these poorer services and will focus particularly on the weakest performers that have failed to improve – approximately the lowest 10%.</p>	<ul style="list-style-type: none"> ■ Identify serious issues and act swiftly using targeted and meaningful action to bring about change that improves people’s care.
<p>Promoting high quality care: People should be able to access and experience registered services of high and improving quality that put them first and champion their rights. Where we identify care that is improving, we will promote this so that other providers can learn from what is working well. We also assess how public money is used effectively in improving outcomes for people.</p>	<ul style="list-style-type: none"> ■ Monitor the implementation of good practice and ensure that it is sustained over time.
<p>Regulating effectively in partnership: We will work with other organisations to ensure that the benefits that we bring to service users significantly outweigh our costs, and those incurred by others in meeting our expectations.</p>	<ul style="list-style-type: none"> ■ We will exemplify the five principles of better regulation: transparent, accountable, proportionate, consistent and targeted.

	Outcome measures
<ul style="list-style-type: none"> ■ Provide the public, providers and commissioners with timely, relevant and accurate information to support the delivery of care centred on people’s needs. ■ Ensure users and their carers are engaged in our work to promote person-centred care to providers and policy makers. 	<ul style="list-style-type: none"> ■ People who use services think that CQC is successfully championing person-centred care. ■ Providers and commissioners can demonstrate how they are involving users in the design and delivery of services. ■ There is good access to personal budgets, direct payments and integrated budgets. ■ Our reports are timely and meet quality service standards. ■ Research shows that people who use services have confidence in our information and use it in their decision-making.
<ul style="list-style-type: none"> ■ Work with stakeholder groups to explore how the policy for better joined up health and social care services might best be reflected in performance assessment, so as to drive improvement. 	<ul style="list-style-type: none"> ■ There is an increase in the number of people who feel the services they use are successfully integrated. ■ There is a reduction in the number of actions we need to take against providers on the registration requirements that contribute to joined-up care. ■ There is improvement in the performance of key indicators of joined-up care.
<ul style="list-style-type: none"> ■ Provide information on lessons learned to support improvement in the provision and commissioning of services, and in policy-making. 	<ul style="list-style-type: none"> ■ There is a reduction in the number of providers rated “poor”, and improvements are sustained. ■ There is an increase in compliance with registration requirements. ■ CQC takes swift action on poor providers. ■ Lessons learned from service failures are acted on in other organisations. ■ Providers are made publicly accountable for their performance through our registration and review process. ■ Commissioners are made publicly accountable for their performance through our review process.
<ul style="list-style-type: none"> ■ Promote examples of good practice by providers, using all of our available evidence from different areas of activity in health and social care. 	<ul style="list-style-type: none"> ■ An increasing number of providers are assessed as “excellent” for the quality of their care and this performance is sustained. ■ The number of best practice examples identified through the registration process and periodic review. ■ An increased number of commissioners and providers are able to demonstrate an improvement in the value for money their services offer. ■ Providers’ and commissioners’ increasing use of our information to help drive up the quality of care services. ■ Our stakeholders view our annual State of Care report as authoritative and influential, and CQC as a professional body.
<ul style="list-style-type: none"> ■ We will work with others to share information about the quality and safety of care, and on the coordination of regulatory activities. ■ We will support our staff to deliver effective regulation. 	<ul style="list-style-type: none"> ■ Commissioners and providers consider that the benefits of our regulation significantly outweigh the costs, and our actions are proportionate. ■ Our collaboration with other organisations reduces duplication in information requests and inspections. ■ We are considered to be a good employer and an effective regulator by staff.

4

How we will go about our work

In this section, we describe the broad approach we intend to follow to make sure that people get better care.

There are a variety of activities that we will undertake in regulating health and adult social care. Our core statutory functions, described in further detail in the appendix, include:

- The registration of health and social care providers to a common set of quality and safety standards, and checking ongoing compliance with these registration requirements.
- Visiting patients whose rights are restricted under mental health legislation, to ensure that their rights are protected.
- Carrying out periodic reviews of the performance of providers and commissioners.
- Undertaking special reviews and studies of particular aspects of care.

It is through the delivery of these statutory functions that we will make our contribution to the achievement of the strategic priorities set out earlier.

Our statutory functions are inter-related and build on some common issues: in making the best use of available information about the quality and safety of care, particularly the views of people using services; in depending on the knowledge,

experience and relationships established by our regional staff; in the inter-dependencies between the commissioning and provision of care and so forth.

In taking forward all of our statutory functions, we want to be as efficient and effective as possible. This section, therefore, summarises the overall regulatory approach that supports the delivery of our statutory functions – an approach that recognises that these functions are inter-linked and indeed reinforce each other in promoting overall improvement. It should also be recognised that our powers and duties are different for providers of care and for commissioners, and that we will be consulting separately on particular functions, such as the approach to periodic reviews.

Our approach is not ‘one-size-fits-all’. We will adapt it to different services and situations. We will be most active in areas where we think the risks of harm are greater, where people are less able to assert their rights, where information on the quality of care is poor, or where providers of services are failing to improve.

We will be tough on providers of care whose services do not meet essential quality and safety standards, while being fair and proportionate in the action we take.

We will finalise our detailed plans for implementing the regulatory approach in the light of:

- Feedback from this consultation on our strategy for 2010-2015.
- Analysis of the responses to the consultation on our guidance about compliance with the new registration requirements for health and social care (which ran from June to August 2009).
- Consultation on our plans for periodic reviews of providers and commissioners of care (which we expect to take place from November 2009 to January 2010).
- Discussion with the Department of Health on our budget for future years.

Stage 1: Collecting information

We will collect information about all the services that we register and about the local authorities and primary care trusts that buy those services. The form and source of this information will be different for different services and organisations – ranging from, for example, care services in the home to large hospitals. We will listen to people who use the services and use what they tell us effectively, providing feedback to them about what we have done.

We will also collect information direct from the providers and commissioners of services – information that they already collect and use in their own work. We will particularly want to see information they hold about how they deliver services that meet the needs and aspirations of people. We will expect them to be able to show how they have consistently engaged with people who use services, and how they have fed back to them.

We will have access to information that government departments and other regulators collect. We will aim to use this information and not ask those we regulate to provide the same information again. We will also have information from our own inspections and from the declarations that providers make about their compliance with our registration requirements.



Our proposed model of regulation involves four main stages:

Stage 1: We collect information about the quality of care that a service provides.

Stage 2: We identify and analyse any risk to people who use the service.

Stage 3: We respond to that risk.

Stage 4: We publish our judgement on the quality of the care delivered by the service.

Stage 2: Analysing the risk

When analysing risk we will always focus on the individuals, groups of people, populations and communities for whom the risk is most acute. These could be:

- Individuals (for example individuals whose rights are restricted under mental health legislation).
- Groups of people (for example patients, or residents of a care home).
- Larger groups or communities (such as people with learning disabilities or people from minority ethnic communities).

We will create a 'quality and risk profile' for each care provider and commissioner, containing all the information we hold about the quality of the care they provide or purchase for people. We will be as transparent as possible in letting commissioners and providers know what information we hold about them.

We know that the quality of information available to us will vary according to which area of the care sector we are assessing. In areas where it is sparse we will be more active, to make sure we pinpoint any concerns about safety and quality.



Stage 3: Responding to risks that are identified as areas of concern

Our inspection activity will always be proportionate and guided by the data and information we hold in the quality and risk profile. We will take action quickly, to protect people's safety and wellbeing, and will ensure we are organised in a flexible way to do this so that we can 'nip problems in the bud'. The results will be fed back into their profiles. For some inspections, we will include 'experts by experience' (people who use services) in our on-site inspection teams.

When relevant, we will use our enforcement powers with registered providers of care when there has been a breach of the regulations.

We will always encourage providers and commissioners to take responsibility for driving up standards, and will act quickly to help them take early action to address failings. Our aim will always be to prevent the quality of their services worsening.

We will regularly bring together the range of regulatory and oversight bodies in local 'risk summits' to make sure that information is shared, that targeted and proportionate action is led by the agency best placed to drive up identified improvements, and that there is effective monitoring of progress.

For the NHS, which has particular arrangements in place for performance management, we will work closely with SHAs as the performance managers of primary care trusts and those NHS trusts that are not foundation trusts, and with Monitor as the independent regulator of NHS foundation trusts, to ensure that we are clear on who is best placed to take any action required in response to concerns.

Stage 4: Publishing our judgements

All the judgements we make will be informed by the six aspects of quality described below. We will publish these findings in standard and accessible formats, to ensure that they meet the information needs of everyone who uses health and social care services.

We will make our judgements as up-to-date as possible. We will ensure that as wide a range of information as possible is used in our judgements. This will include using data as close to the time of its collection as possible – for example, information gathered as part of inspection – and linking information gathered from service users and national data to assess risk. All information used will be refreshed as often as possible by using local and national data. Our judgements will highlight not just failings but also good practice, so that other providers and commissioners can benefit from this evidence.

Where we see commissioners and providers using good or exceptionally good practice, we will encourage them to share their efforts and experience with other commissioners and providers. When reporting, we will highlight this good or exceptional practice.

What we mean by “high quality” care

Everything we do is aimed at bringing about high quality care. We believe that quality of care should be broadly defined and should reflect the outcomes of care for people and their experience of it. Across health and social care, there are different sets of criteria, outcomes or competences related to each sector. We have looked carefully at these, including the Department of Health’s draft registration requirements, the definitions of quality in the NHS described in *High Quality Care for All*, at the *World Class Commissioning* competences, at the outcomes used in *Our Health, Our Care, Our Say* and those in *Putting People First* and the expectations of care set out in *Shaping the Future of Care Together*.

From these, we have developed six dimensions for the assessment of quality in health and adult social care as set out below. We have done so, not to replace other approaches, but to focus on where we can describe health and adult social care in a common language and present our findings across different settings in a consistent, inclusive way:

- **Safe:** People using a service are not put at unnecessary risk of harm; and people in vulnerable circumstances are safeguarded.
- **Improving outcomes for people:** The outcome for people using the service – including the clinical outcome – is the right one. And the care provided is integrated in meeting individual needs.
- **A good experience for people:** People using the service feel empowered to exercise choice and control. They are treated with dignity and respect. They, their families and carers are involved in shaping the service around what is important to them.

- **Independence and wellbeing:** The service is focused on helping people to achieve the best possible health and quality of life, and optimum independence.
- **Access to services:** The service is available to those who need it when they need it, both on an individual and community level.
- **Value:** The service delivers value for money by using resources effectively.

We will look for these six characteristics when assessing a service, and use them as our basis for reporting on it. This will help us to work towards our vision of high quality care that enables people to live healthy, independent lives and make informed choices about care, and that responds to each person's individual needs.

Developing ourselves as an organisation

We are already developing CQC as an organisation to meet the challenges we set out in this strategy. We need to adapt and evolve the best practice of the previous commissions and develop new approaches needed to deliver the changes in regulation.

Our effectiveness as a regulator depends on the skills and values of our staff. We know that, to work well, our staff must not only have the right tools and skills but also a culture in which they can flourish.

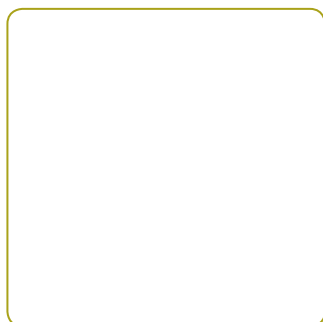
We are working to create a strong, unified culture in which our staff:

- Understand their role, our performance expectations and where they fit into the organisation.

- Are given clear and frequent feedback on their performance.
- Have scope for personal and professional development, and continually improve their performance through enhanced ways of working.
- Are part of a truly diverse workforce, in which diversity is promoted at all levels.
- Have leaders and managers who embrace commitment to real engagement with others.
- Are helped to achieve their potential and get the best from different ways of working, through effective performance management.
- Have leaders and managers with the tools they need to develop staff at all levels.

We have already made significant changes in establishing CQC to improve our efficiency and effectiveness. Further work is underway to develop our organisational strategy, to ensure that we have the appropriate investment in information and information technology to support our regulatory activities as a modern regulator, and to ensure that we are as efficient as possible. The responses to this consultation will help inform the further development of our organisational strategy, and the ways in which we prioritise the use of the resources available to us to make a difference for people.





Give us your views

In this publication, we have outlined how we plan to go about our job as the regulator of health and social care in England. Our plans are not finalised yet, so please help us to shape them by sending us your feedback.

The questions we are asking in this plan are:

1. Have we set the right priorities to improve the quality and safety of care?
2. Are we planning to go about our work in the right way?
3. Are we clear about our role in improving the quality of care for people in the wider system?
4. How can our regulation:
 - Strengthen the voice of people in our assessments of the quality of care?
 - Improve services and organisations where performance is poor?
 - Contribute to better integrated and joined-up care?
5. How can we streamline regulation most effectively?
6. How can you support the achievement of our plans?

There are three ways you can give us your feedback:

Email:

- Email your response to **fiveyearstrategy@cqc.org.uk**.

Post:

- Write to us at
**Five-Year Strategy,
 FREEPOST Lon 15399,
 Care Quality Commission,
 103-105 Bunhill Row,
 London EC1B 1QW.**

Online:

Go to **www.cqc.org.uk/getinvolved/consultations.cfm**

The consultation period runs for 12 weeks from **1 October to 24 December 2009**. Please make sure that we receive your feedback by the closing date. We aim to publish our final plan in early 2010.

Protecting your rights

Following the code of practice for public consultations

This consultation follows the Cabinet Office Code of Practice on public consultation. This means we aim to:

- Consult widely throughout the process, allowing 12 weeks for written consultation at least once during the development of the policy.
- Be clear about what our proposals are, who may be affected, what questions we want to ask and the timescale for responses.
- Ensure that our consultation is clear, concise and widely accessible.
- Ensure that we provide feedback regarding the responses received and how the consultation process influenced the development of the policy.
- Monitor our effectiveness at consultation, including through the use of a designated consultation coordinator.
- Ensure our consultation follows better regulation best practice, including carrying out a regulatory impact assessment if appropriate.

Confidentiality of information

The information you provide in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory code of practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you want the information you provide to be treated as confidential.

If we receive a request for disclosure of the information, we will take full account of your explanation. But we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding.

We will process your personal data in accordance with the DPA and, in most circumstances, this will mean that your personal data will not be disclosed to others.

Further information

If you have any comments or queries about the consultation process, please contact us on 03000 616161 or use the contact details on page 19.



Appendix: Our regulatory activities

Registration of services and regularly checking on compliance with standards

Registration helps to make sure people get better care by ensuring that:

- All registered health and adult social care services are meeting essential common quality and safety standards.
- The rights of people who use services are protected and promoted.
- Swift action is taken where services are failing people.

Subject to the required legislation to introduce the new registration framework, from April 2010 we will register all NHS trusts against all the registration requirements; and, from October 2010, we will bring into the new system existing health and social care providers currently registered under the Care Standards Act 2000. New providers who intend to start offering health or adult social care services will apply to be registered under the new system during 2009. Primary care services will also be brought into the new system starting from 2011/12.

We will continue to inspect providers on the basis of our assessment of risks, moving in the case of services currently regulated under the Care

Standards Act and Health and Social Care Act 2008 to compliance with the new regulatory regime.

We will continue targeted inspection of performance on healthcare-associated infection, inspections under specialist statutory regimes such as checking ionising radiation arrangements and controlled drugs, and service inspections of councils' adult social care services.

We will take part in joint children's inspections with Ofsted and contribute to the Joint Chief Inspectors' review of children's safeguarding arrangements. We will also take part in youth offending team inspections with HMI Probation.

Mental Health Act visiting

We will visit all mental health provider organisations (NHS and independent sector) where there are people whose rights are restricted under the Mental Health Act, to monitor the use of legal powers of compulsory care and treatment and to ensure that people's interests are protected. We expect to continue to have approximately 6,000 contacts with patients each year, the vast majority of which will be unannounced. We will make use of the information and intelligence from these visits as part of our 'quality and risk profiles' of providers of care.

We will help people to make complaints about the care and treatment provided to them or others under the Act's powers, and will consider investigating those that have not been resolved at a local level. We will provide the second opinion appointed doctor (SOAD) service – the SOAD's role is to decide whether treatment recommended is clinically appropriate and whether due consideration has been given to the views and rights of the individual. The Commission receives around 12,000 requests for second opinions each year.

Periodic reviews

Assessing and providing information on the quality and safety of care

We aim to promote improvement in health and social care services by undertaking reviews and publishing information on how well those who arrange and provide services locally are performing. This work, which includes the views and experience of people who use the service, helps to make sure people get better care by:

- Assessing how organisations have performed against key measures of quality to deliver the right outcomes for people.
- Encouraging organisations to improve their services and provide value for money.
- Making information about the quality and safety of services available to the public and people who use services, so that they can make better informed decisions about health and adult social care.

As set out in the legislation, the method for the periodic reviews must be agreed with the Secretary of State. These reviews are aligned with, and take account of, the priorities set for the NHS by the Secretary of State in the NHS Operating Framework and national policies such as *Putting People First*.

Assessing the performance of providers of care

For social care, we will continue and build on the approach to 'quality ratings' introduced by the Commission for Social Care Inspection.

For NHS providers, we will put more emphasis on outcomes and the experience of care in assessing performance. We will also seek to align our judgements on the quality of care with the requirements on providers of care to publish 'quality accounts' (subject to Parliamentary approval).

The function of periodic review does not currently apply to independent providers of healthcare.

In assessing performance in both health and social care, we will give a stronger focus to the views of people using services, carers and families.

As the policy for better joined-up health and social care services develops, we will discuss with stakeholders and the Department of Health how this might be best reflected in performance assessment, so as to drive improvement.

Assessing the performance of commissioners of care

Our statutory responsibilities include carrying out reviews of the performance of the 152 local councils and 152 primary care trusts in commissioning care. They cover issues such as how well they are:

- Improving health and social care outcomes for all members of their local communities.
- Involving local people in setting priorities.
- Commissioning services.
- Ensuring that public money is used effectively and efficiently in securing better outcomes for people.

These reviews provide information on performance for public accountability. CQC does not have enforcement powers in relation to commissioners of care.

Comprehensive Area Assessment

The Comprehensive Area Assessment (CAA) examines how effectively local public services are performing and the outcomes for the people they serve. It brings together a number of inspectorates, including the Care Quality Commission, to share data and intelligence. The aim is to provide a snapshot of the quality of services in each local area and to identify where more effort is needed or where services have made exceptional improvement from which others may learn.

We will ensure that assessments of local councils and primary care trusts as commissioners of social care and healthcare, and of how well they are working together, in turn join up with assessments of other relevant services that contribute to health and wellbeing, and that they are fed into the process for determining CAA for 2010.

Special reviews (Studies on economy, efficiency and effectiveness, and reviews of data, studies and research)

We will deliver a number of special reviews, looking at pathways of care, specific priority themes, value for money and information issues. We will consult on the future programme of reviews and studies in the autumn of 2009.

Escalation and enforcement

We will carry out escalation and enforcement activity, so that where services fall below essential quality standards, swift action is taken and lessons are learned. We are empowered by the Health and Social Care Act 2008 to conduct investigations of commissioners and providers of health and social care.

The Health and Social Care Act 2008 sets out a range of enforcement powers in relation to providers of care – including statutory warning notices, fines, suspension and cancellation of registration, and prosecution for specified offences. Our primary concern is to protect the safety of people who use services. Any enforcement action we take will be proportionate to the risk posed to people who use services and the seriousness of any breach of the law.

Coordination of regulation and assessments

The development of the new regulatory framework provides a major opportunity to achieve better alignment and significant streamlining of regulatory and oversight activity. We will work with a wide range of stakeholders to provide effective leadership of this.

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459