

## CQC Changes for more flexible and responsive regulation consultation response – Hospice UK

March 2021

### About us

Hospice UK is the national charity working for those experiencing dying, death and bereavement. We work for the benefit of people affected by death and dying, collaborating with our hospice members and other partners who work in end of life care. Our hospice members influence and guide our work to put people at the centre of all we do. We believe that everyone, no matter who they are, where they are or why they are ill, should receive the best possible care at the end of their life.

### Assessing quality

#### **Question 1a. To what extent do you support this approach?**

- Hospice UK mostly supports this approach

#### **Question 1b. What impact do you think this proposal will have?**

- We believe the proposal to use wider sources of evidence, tools and techniques to assess quality will help CQC to gain a more comprehensive understanding of services. More than 80% of hospice services are delivered in the community, meaning inspection limited to site visits is unlikely to provide a detailed view of the care that providers offer, nor of the impact on people with palliative and end of life care needs in that setting.
- The proposed approach should also result in a fairer method of regulation. One hospice commented to us that it will allow for 'greater triangulation and ongoing engagement and review than can be achieved via inspections alone.'
- Furthermore new proposals will allow organisations to provide information and updates on an ongoing and more manageable basis. Currently a huge amount of work goes into completing Provider Information Requests and trying to showcase all areas of good practice in to 1 or 2 day inspections, which can be particularly challenging for a diverse service such as hospice care.
  - The consultation suggests there will be less emphasis placed on PIRs, however it stops short of saying to what extent or what will happen to PIRs. We would welcome further clarity on plans for the Returns and how they might evolve in the future, including the opportunity for hospice provider input to those plans.

- Hospice UK agree a more targeted and risk based approach is preferable when carrying out inspections, and will enable the regulator to swiftly respond to where there are concerns around services. With ongoing uncertainty from the pandemic, the ability of CQC to identify and act where services are struggling should ensure people requiring end of life care do not fall through the gaps.
- CQC will need to be mindful of the varying size of hospices across the country and the back-office capacity they have to provide information at short notice. We welcome CQC's emphasis that information requests 'will be targeted and proportionate' and we would encourage the regulator and local inspection teams to work with palliative and end of life care providers to establish productive and efficient processes.
- Equally we are conscious that the proposed approach should not result in a significant advantage for providers who are able to or can afford to establish advanced systems of collating information. While organisations should be encouraged to implement technologies that ensures relevant information is collated and used, the collation process itself is not necessarily an accurate reflection of the care being delivered.
- Hospices asked us to stress that on site visits should continue to be an important, though not singular, approach of inspection. In part this is to help inspectors better understand the services that they are inspecting and the environments in which they operate, but also to ensure there remains adequate opportunity to build relationships between the regulator and providers. Hospices told us they value the ability to have two way and ongoing conversations with local inspectors, working best for both sides when those relationships can be maintained over an extended period of time. Inspections taking place at a distance should seek not to lose these valuable connections.
- Some hospices told us they found previous changes made by CQC to engage with a wider pool of hospice staff to be beneficial, and efforts should be made to try and continue to do so under the new proposals.
- The hospice sector prides itself on taking innovative approaches to deliver quality care. Positive risk taking is often a key element of such approaches, and providers across health and care should be given assurances that the proposed new style of inspection will not stifle positive risk taking. Nor that innovative models of care, that can be more difficult to demonstrate when not in person, will be at a disadvantage.
- Hospices have spoken in praise of the approach CQC has taken over the course of the pandemic. The collaborative, supportive role and the conscious effort not to overburden providers during a time of significant upheaval, has provided reassurance and helped to build and maintain strong links between the regulator and providers. We are keen that the trust and communication, in both directions, continues as the sector works to recover from the pandemic. Some hospices have voiced concern to us that pressures on the health and

care system could encourage the regulator to take a more punitive stance to reassure the public, something we feel would be far less productive than the more collaborative efforts we have seen in recent months.

- Given the volume of care that hospices deliver in people's own homes, we believe that the hospice sector should be kept in consideration for the developing approach to assessing home care providers. There are likely to be elements of cross-over between service provision and we anticipate hospice inspectors as well as providers could benefit from some of the learnings around regulation of domiciliary care.
- We would also request that CQC reviews the structures and/or line of sight senior leadership within the regulator has of the hospice sector. Hospice UK has strong and greatly valued relationships with senior members of the hospitals inspectorate team. However we would encourage input and engagement from additional strands of CQC that sit outside of the acute sector, to reflect the breadth and evolution of hospice care.

## Reviewing and updating ratings

### **Question 2a. To what extent do you support this approach?**

- Hospice UK mostly supports this approach

### **Question 2b. What impact do you think this proposal will have?**

- Hospices consistently perform very highly in CQC inspections. A report from the regulator looking at three years of hospice care to 2017 found 'hospice care across England has the highest percentage of services rated 'Outstanding'', with 25% given the highest rating and a further 70% being rated as Good.
- Hospices told us they welcomed proposals that will allow for something closer to 'real time ratings'. This could allow providers more opportunity to demonstrate care that meets the 'Outstanding' criteria, and offer an incentive to pursue that top rating. This incentive may not exist to the same extent if a rating is unlikely to change for a number of years.
- More frequent updates to ratings will be beneficial for organisations as it will provide a truer reflection of the quality of services being provided to people at the time. Equally a more flexible and up to date approach to ratings will be helpful to people using services and their families, both in identifying when exceptional care is being delivered or if improvements need to be made.
- CQC will need to ensure they clearly communicate decisions around ratings and we encourage as open a dialogue between inspectors and providers as possible around the reasons behind ratings.
- Hospice UK supports the direction of travel of CQC to make information about regulation more accessible to the public. At the same time the regulator should not lose sight of offering something back to providers as part of the inspection process to help them develop or implement changes. Some

hospices told us that as part of recent ‘transitional meetings’, which have largely been positive exercises, organisations were not expecting to get anything back following the meeting. As we progress through the pandemic recovery, both providers and the public will look to CQC to be one mechanism of support in finding a way forward.

- Similarly information made available to the public around a change in rating will need to be visible and clear, along with planned action for improvement in cases where this is necessary, to ensure public confidence in those services can be retained. This is particularly important in areas where only one hospice may operate.
- We would also welcome efforts to support the public to recognise that ratings like ‘good’ or ‘outstanding’ mean the same thing regardless of provider type, particularly if plans are pursued to introduce a sub-sectoral approach to ratings.
- Some hospices told us that they find the current process around challenging a decision to be problematic, being both slow and offering very little opportunity to make representations. What constitutes as ‘factual inaccuracy’ that can be challenged appears to create uncertainty, and we would welcome clear guidance and a process more reliant on ongoing dialogue between provider and regulator. The proposals seek to promote flexible and responsive working, and this is another area that needs to be included.
- The pandemic has led to increasingly blurred lines between services, with collaborative approaches and a multitude of providers supporting and one person in a range of settings. Hospices have reported to us a surge in working alongside care homes, community teams and acute services. The Provider Collaboration Reviews that CQC carried out should provide the regulator with a good basis to translate collaborative care into accurate inspections and ratings.

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