

## Compliance with CQC Essential standards of quality and safety

### Outcome evidence

Along with all health and adult social care providers, we at John Munroe are thinking about the types of evidence that we can develop to demonstrate compliance with the outcomes in the *CQC Guidance about Compliance – Essential standards of quality and safety*.

- The *CQC Guidance about Compliance* describes what outcomes we must think about in order to comply with the registration regulations. CQC will check that providers are meeting the outcomes in delivering services to people.
- CQC say that they will focus on evidence that relates to the outcomes for people who use services and the views of people who use services.
- CQC say they will consider policies, procedures and systems as evidence but they will also consider the impact that these have on the outcomes for people who use services.
- As providers, we need to think about the evidence of outcomes for people when we assure ourselves about compliance with the regulations and consider how people are affected by the care that they receive.
- CQC says that outcome evidence can include:
  - health and clinical outcomes and how they are maintained and improved
  - individual needs being met
  - what kind of experience people have when they use a service
  - if people are treated with dignity and respect
  - if a person's human rights are protected
  - involvement in decision-making about care
  - making informed choices
  - people receiving care that is safe
  - promotion of independence
  - safeguarding against abuse
- Providers can be flexible in how they deliver services and can use innovative ways to gather evidence information.
- Any evidence that shows a positive impact on care, treatment and support for people can be good evidence.
- Evidence of outcomes can be quantitative and qualitative such as ;
  - clinical information
  - feedback from people who use services and persons who act on their behalf
  - feedback from staff
  - evaluation of skills and competence
  - monitoring good practice
  - measuring satisfaction
  - monitoring risks
  - implementing learning and monitoring action plans

## **Influencing Factors**

CQC will take a proportionate approach and factors that will be important will include

- size of the service
- range and complexity of the services, locations and regulated activities
- needs and number of people using the service
- range of staff
- arrangements to identify and manage risks
- arrangements to monitor quality and safety

Evidence will need to be current and accurate, take account of diversity, cover all areas of services provided and relate to all groups of people who use the service.

## **Possible examples of sources and types of evidence**

Evidence can come from different sources and in different formats. Evidence from people who use services could include;

- survey results
- complaints and comments
- feedback from focus groups

Other evidence that could demonstrate compliance with the outcomes could include;

- actions and improvements because of people's feedback
- staff surveys and follow up actions
- internal and external reviews of service
- audits and clinical audits
- effective risk assessment and management
- individualised care records
- individualised needs assessments
- staff skills and competence
- incidents reports, learning and improvement actions
- assessments from other regulatory bodies, inspections or accreditation schemes

## **Policies, procedures and systems**

- Evidence relating to policies, procedures and systems can be used to demonstrate compliance with the outcomes. But policies, procedures and systems is not enough to demonstrate compliance.
- When a provider uses evidence of policies, procedures and systems we also need to demonstrate:
  - the impact on outcomes and experiences of people using the service
  - how they help to meet people's needs
  - how they help identify and manage risks to the health, welfare or safety
  - that they are effective and implemented
  - that all relevant staff understand them
  - how people who use services are consulted and involved in their development
  - how they are reviewed and updated to ensure continued compliance

- Examples of evidence relating to policies, procedures and systems could include:
  - **Staffing** ; Procedures to identify, plan, monitor and review staffing mix and numbers, or staff learning and development. Evidence relating to staff needs to demonstrate how providers take account of diversity and assessed needs of people who use services to ensure that the right staff are available at different times with the right skills and competence to meet those needs.
  - **Incidents** ; Systems for reporting and learning from incidents. Evidence should demonstrate that appropriate systems are in place and that they are fully understood and used correctly by all relevant staff. Evidence should demonstrate more than just recording; they should help the provider to identify and analyse individual incidents and trends for risks to people who use the service and to staff. Providers need to demonstrate clear action planning and implementation has led to change, reduced risk and improved outcomes.
  - **Safeguarding** ; It is important to demonstrate that the right system is in place and that it is well-understood by all relevant staff. The provider must be sure that it followed in practice and that the right steps are taken to protect people from abuse and the risks of abuse. Demonstrating that procedures are reviewed to ensure they are effective in protecting people from abuse is also very important.

### **What does CQC expect at registration**

- CQC understands that providers might not be collecting direct outcome evidence for all services or outcomes. So initially they will allow some emphasis on evidence from policies, procedures and systems.
- As providers develop quality assurance systems for ongoing monitoring of compliance, CQC will expect us to gather and use evidence that directly demonstrates outcomes or comes directly from people who use the service.
- Providers need to think about how to collect evidence and ensure they can monitor their compliance with the outcomes routinely. This will mean that when CQC undertake planned or responsive reviews of compliance, providers will be better prepared to demonstrate their compliance.