



Adult Social Care Inspector Guidance:

Transitional Regulatory Approach

September 2020

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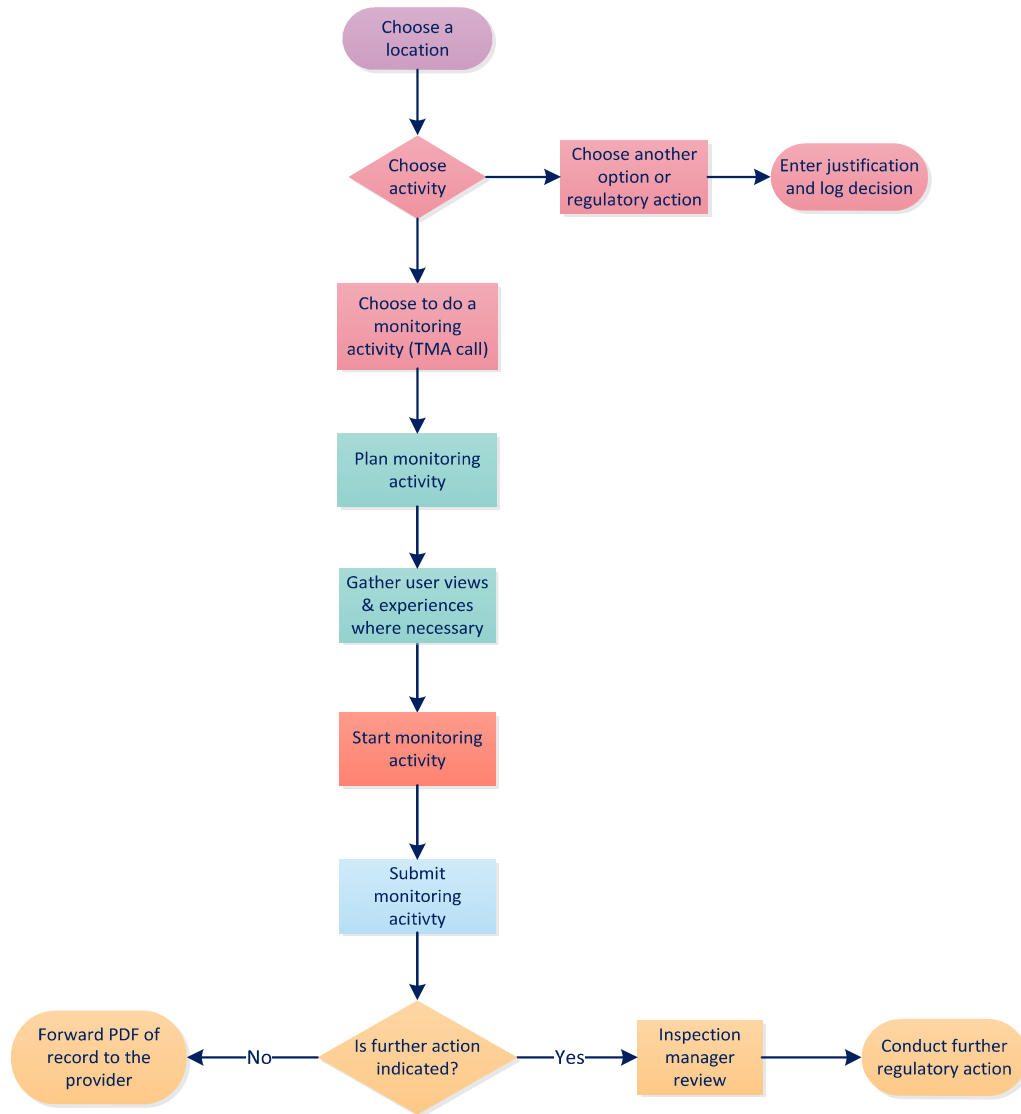
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Purpose of this guidance

This guidance supports the cross-sector Transitional Regulatory Approach (TRA) guidance. It sets out how we will approach our monitoring and inspection activity in Adult Social Care during the transitional period. It should be read alongside the cross-sector TRA guidance and the ASC end to end process guidance. It applies to all locations within the ASC directorate including:

- Residential care
- Residential care with nursing
- Community care (home care, extra care housing, shared living)

End to End Process



ASC streamlined KLOEs and Prompts/sources of evidence

As part of the Transitional Regulatory Approach a streamlined set of KLOEs and prompts have been developed. They are listed below. Remember, you do not need to cover every prompt, they are intended to be used proportionately and flexibly to understand the level of risk for each KLOE. This will then support your judgements for the risk score of each KLOE and the overall decision about whether any further regulatory activity is needed.

The table also includes potential sources of evidence. You are aiming to corroborate information provided by providers and managers but not ask for detailed evidence for all elements of each KLOE and prompt. Where we already hold existing intelligence or evidence that allows you to reach a judgement in relation to that KLOE, you will not need to request further evidence from other sources. You should use your professional judgement to obtain a proportionate level of evidence to assess the level of risk for each KLOE.

Potential common/overarching sources of evidence include:

- Local Authority/other stakeholder feedback
- Last inspection/registration report
- Feedback from people using the service and/or people who support them
- Feedback from staff
- Evidence of how the provider gathers and acts upon the views and experiences of people using the service(?)

User voice: User voice is particularly relevant to some prompts below; however it might not always be possible to speak directly with people using the service or their families. You should explore other available options to find out about people’s experiences. See the section below and section 12 in the cross section Transitional Monitoring Approach guidance for more detail.

Overarching KLOE question and prompts	Potential Evidence Sources
S1: How do systems, processes and practices safeguard people from abuse?	
How are you managing risks to safeguard people from abuse?	<ul style="list-style-type: none"> • Safeguarding notifications and records on CRM • Feedback from Local Authority/safeguarding teams • Insight indicators (safeguarding) • Review an example of how a recent safeguarding has been investigated, and lessons learned
How are you protecting people’s human rights, including consent about health treatment, particularly about involvement in advance care plans / DNACPR decisions?	<ul style="list-style-type: none"> • Copy of Advanced Care Plan/ Care plan example • Stakeholder feedback

	<ul style="list-style-type: none"> • Feedback from people using services or their relatives/advocates on how people are involved in decisions
What is in place to ensure people receive timely care that respects their dignity?	<ul style="list-style-type: none"> • Feedback from people using the service and/or people who support them. Do people have to wait for care delivery? Do they feel respected? Is their privacy treated regarded as important?
What action are you taking to ensure people who use the service are protected from abuse; and to support them to understand their rights?	<ul style="list-style-type: none"> • Speak to people and their relatives/advocates about their understanding of abuse and how to report concerns. Does the provider ensure people know about their rights? • Staff feedback • Safeguarding records • Insight indicators (safeguarding)
How do you ensure that staff know how to safeguard people from abuse?	<ul style="list-style-type: none"> • Staff feedback. How do they recognise and report safeguarding issues, and how does the provider follow these up? Do staff have access to and feel confident to raise concerns /whistleblowing? • Training records • Audit records • Safeguarding records • Insight indicators (safeguarding)
How do you assure yourself that staff report concerns immediately and appropriately to the right person/people?	<ul style="list-style-type: none"> • Staff feedback • Staff training, observation and supervision records, investigations, disciplinary action, lessons learnt. Safeguarding policy • Whistleblowing policy – have any staff reported any concerns via the whistleblowing policy? What action was taken in response to these concerns being raised? <p><u>*Evidence could add extra corroboration to question above.</u></p>
S2: How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe and their freedom is respected?	
How are risks to people assessed, and reviewed, to ensure risks are monitored?	<ul style="list-style-type: none"> • Pathway tracking: Ask for example of someone with a specific condition or need, such as epilepsy, diabetes, wound care needs, behaviour that challenges. Look at risk assessment and care plan for identified risk and daily care records for specific condition and how this is being managed

	<ul style="list-style-type: none"> • Environmental risk assessments and service/maintenance records • Notifications (For example serious injury) • Insight flags • Serious incident investigations
What arrangements are there to manage risks appropriately, and to make sure that people are involved in decisions about any risks they may take?	<ul style="list-style-type: none"> • Speak to people (with identified conditions or specific needs) and ask how they are involved in planning their care and managing their risks • Example risk assessment(s) and/or care plans • Risk management policies • Staff feedback
How do you share information about risks with staff, people using your service and visitors?	<ul style="list-style-type: none"> • Staff feedback. Ask staff if all known risks are described in care records. Does this give them the information they need to manage risks successfully? • Speak to people and their relatives/advocates about any risks they are aware of. Are risks communicated clearly?
How do you ensure staff, people using your service and visitors understand the arrangements (e.g. signage, accessible information, information on your website)?	<ul style="list-style-type: none"> • Ask for different examples (according to service user group) of accessible 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?	<ul style="list-style-type: none"> • Review of accident and incident log, audits, and lessons learnt.
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?	
How has the pandemic affected your ability to staff the service, including their management, safety, wellbeing and deployment? E.g. have you used agency staff?	<ul style="list-style-type: none"> • Staff feedback. Ask staff whether there are enough staff to meet people's needs. How has their wellbeing and safety have been managed? • Rotas/dependency tool/staffing analysis • Staff absences • ECM data for DCAs • Review agency usage and how this is managed Contingency/continuity plan
What action have you taken to manage this and ensure people's needs continue to be met?	<ul style="list-style-type: none"> • If staffing numbers have been affected by pandemic, review Business Continuity Plan and actions that have been taken to recruit or replace staff

How have you been able to make sure people get care and support from workers with the right knowledge and skills?	<ul style="list-style-type: none"> • Staff feedback. Ask staff if they have the skills they need, and whether their training in key areas has been kept up to date during the pandemic • Rotas • Staff personnel records • Training and induction records • Training plan/skills analysis
Are working arrangements clear and accessible to staff, people who use the service, their supporters and visitors?	<ul style="list-style-type: none"> • Ask visitors what the working arrangements are, and how they know about them
S4: How do you ensure the proper and safe use of medicines?	
How have you ensured the right medicines in the right doses and quantities are available to people, at all times?	<ul style="list-style-type: none"> • Staff feedback. Speak to member of staff who is responsible for stock taking/reviewing stock and ordering medicines. • Records including MARS, medicines audits, controlled drugs log. • Staff observations and competences. • Incidents/ lessons learned from errors • Care plans and risk assessments • Feedback from people/people who support them.
How have you ensured medicines are stored and transported safely? E.g. how are they delivered to the home, any returns?	<ul style="list-style-type: none"> • Medicines policy • Staff training records and competency checks • Review medicines temperature records for fridge and medication room • Controlled Drugs log
How have you ensured any errors are noted, addressed and learned from? Have you any examples?	<ul style="list-style-type: none"> • Medicines audits • Review most recent medication errors records, investigation and follow up
How have you ensured people who administer their own medicines can continue to do so safely?	<ul style="list-style-type: none"> • Example risk assessment and care plan • Speak to a resident who does this and review their risk assessment
How do you ensure staff are competent in the safe administration of medicines? Have staff been asked to complete delegated duties in relation to medicines and was training provided?	<ul style="list-style-type: none"> • Staff feedback. Review their knowledge • Training records • Competency assessments
How have you managed any challenges when working with your local healthcare professionals, including community pharmacies?	<ul style="list-style-type: none"> • Speak to professional's post discussion with registered manager to corroborate information provided
S5: How well are people protected by the prevention and control of infection?	

<p>How have you reviewed and developed your IPC arrangements in response to the pandemic – have you made any changes?</p>	<ul style="list-style-type: none"> • Review the infection control policy and procedures (which should be documented) for outbreak of Covid (may not be possible to speak with staff and people if the home has not had an outbreak) • Ask registered manager if they have you implemented anything that could be seen as innovative in response to infection control measures since the Covid pandemic
<p>How are infection risks to people using the service being thoroughly assessed and managed so that the service could provide care to people both with and without COVID-19 symptoms or confirmed diagnoses?</p>	<ul style="list-style-type: none"> • Review the infection control policy and procedures (which should be documented) for outbreak of Covid (may not be possible to speak with staff and people if the home has not had an outbreak) • Relevant risk assessments • Feedback from stakeholders including health protection teams • Visiting policy • IPC audit • Cleaning schedules • Hand washing audits • Staffing arrangements e.g. staff working in specific areas • Admission including for those people who are admitted for a period of respite/discharge or transfer to other health settings- what is your policy; what arrangements do you have for people to self-isolate; how do you check or assure yourself of a person’s Covid status prior to admission in line with government guidelines • Feedback from staff • Feedback from people using the service/people who support them • CQC checkbox on IPC if available
<p>How effective are your resources to obtain and access all necessary supplies, personal protective equipment and C-19 testing, for both staff and people using the service?</p>	<ul style="list-style-type: none"> • Review testing numbers and results • Capacity tracker/care home survey (available through PowerBI, accessed via Transitional Monitoring App) • Contingency/continuity plan • Feedback from staff
<p>What changes have you made to staff working practices e.g. changing facilities, break times, meals and drinks?</p>	<ul style="list-style-type: none"> • Staff feedback
<p>How is IPC-related training and support being provided?</p>	<ul style="list-style-type: none"> • Staff feedback • Training records • Stakeholder feedback

E7: How do you ensure consent to care and treatment is always sought in line with legislation and guidance?	
How are you managing social distancing, and ensuring least restrictions on people's liberty or using seclusion/segregation during the pandemic period?	<ul style="list-style-type: none"> • Review number of DoLS applications and numbers of people with DoLS/restrictions • Feedback from staff • Feedback from people using the service/people who support them • Care-plans/MCA assessments • DoLS information • DoLS notifications
How does the service promote supportive practice that avoids the need for physical restraint? E.g. are positive behaviour support plans in place? Are staff trained in this?	<ul style="list-style-type: none"> • Speak with people who use services or their advocates/relatives and visitors • Staff feedback • Feedback from stakeholders • Relevant policies • Relevant care records • Positive Behaviour Support plans • Training in Positive Behaviour Support
Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person-centred support plan?	<ul style="list-style-type: none"> • Restraint Policy • Review restraint incidents, and lessons learnt documentation (over the course of several restraint uses) to ensure current restraint policy is being followed, and the least restrictive use of restraint is being operated • Staff feedback • Feedback from people using the service/people who support them • Positive Behaviour Support plans • Training in Positive Behaviour Support
How are you ensuring that MCA Code of Practice requirements continue to be met?	<ul style="list-style-type: none"> • Check MCA capacity assessments for people who possibly lack capacity to make all of their own decisions (identification of individuals required during managers conversation)
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?	<ul style="list-style-type: none"> • Feedback from people using the service/people who support them, other professionals.

How do staff show they know and respect the people they are caring for and supporting, including their preferences, personal histories, backgrounds and potential?	<ul style="list-style-type: none"> • Feedback from people using the service/people who support them, other professionals. • Staff feedback.
How are you supporting staff, relatives and people who use the service to raise any concerns and give feedback?	<ul style="list-style-type: none"> • Feedback from people using the service/people who support them • Staff feedback • Request copies of feedback analysis with plans of actions
How have you supported people's emotional wellbeing to maintain important relationships, including family / friends / advocates visits?	<ul style="list-style-type: none"> • Feedback from people using the service/people who support them
How have you supported people to adjust to changes and restrictions to their social life and routines due to Covid-19? What has worked well in supporting people's emotional and spiritual needs during Covid-19; and how will learning be embedded?	<ul style="list-style-type: none"> • Feedback from people using the service/people who support • Business Continuity plans or improvement plans • Observations of changes in people. Are they less anxious? Are they presenting with less challenging behaviours?
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 carers, advocates or representatives to help them understand and be involved in their care, treatment and support?	<ul style="list-style-type: none"> • Staff feedback. Ask for examples of communications care records, how the service has arranged alternative methods to seek people's views • Records demonstrating people's/their representative's involvement in reviewing the care they receive
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?	<ul style="list-style-type: none"> • Feedback from people using the service/people who support them, other professionals. • Evidence of how the provider gathers and acts on the views and experiences of people who use the service. This might include records of relevant meetings, self-advocacy groups, satisfaction surveys and action plans produced as a result of such engagement • Feedback from people using the service and their supporters • Feedback from staff
R1: How do people receive personalised care that is responsive to their needs?	
How does the service meet the Accessible Information Standard?	<ul style="list-style-type: none"> • Request examples
What impact has the increased PPE had on people's ability to access information e.g. hearing impairments?	<ul style="list-style-type: none"> • Ask people using the service who are affected. • Ask staff who support people

How do you ensure that you make other reasonable adjustments for disabled people?	<ul style="list-style-type: none"> • Examples of adjustments made – ask people who are involved
How do you ensure that you can meet the range of individual needs for people using the service, for example cultural or religious needs?	<ul style="list-style-type: none"> • Ask people with cultural or religious requirements about the adjustments that are made for them, seek records to demonstrate this
How have you changed the way people’s care has been planned since the start of the pandemic?	<ul style="list-style-type: none"> • Examples of changes made to care plans and risk assessments
How have people’s involvement, or those who are involved in their decision making, been affected by Covid?	<ul style="list-style-type: none"> • Feedback from people using the service/people who support them
How well do people using the service know how to make a complaint or raise concerns?	<ul style="list-style-type: none"> • Feedback from people using the service/people who support them
How comfortable do they feel to do so in their own way; and how confident are they to speak up?	<ul style="list-style-type: none"> • Feedback from people using the service/people who support them
How easy and accessible is it for people to use the complaints process or raise a concern?	<ul style="list-style-type: none"> • Ask people, especially a person who has raised a complaint. • Ask how people who are not able to verbally communicate are supported.
How are people who raise a complaint or concern protected from harassment, discrimination or disadvantage?	<ul style="list-style-type: none"> • Feedback from people using the service/people who support them • Request examples
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?	<ul style="list-style-type: none"> • Ask a relative of someone who has been cared for at the end of their lives. • Ask how other people at the service were supported when someone passed away. • Were people involved in care, funeral arrangements? •
W2: How does the governance framework ensure that responsibilities are clear and that quality performance, risks, and regulatory requirements are understood and managed?	
How are you supporting services to ensure safe care and treatment is maintained for people during the Covid-19 pandemic?	<ul style="list-style-type: none"> • Changes to planned care delivery, review documentation, changes to rotas for staff
What arrangements are in place to ensure transparency about Covid-19 risks, infections, other safety risks and deaths with staff, people using the service and their representatives?	<ul style="list-style-type: none"> • Speak to people using the service/people who support them • Staff feedback • Communications within the service

<p>Is there a registered manager at the service? Where there is no registered manager, how has the service been managed?</p>	<ul style="list-style-type: none"> • Insight dashboard info on RM changes (Management Tab) • Staff feedback • Structure chart
<p>How are you meeting all relevant legal requirements, including CQC registration requirements, safety and public health obligations and sending notifications?</p>	<ul style="list-style-type: none"> • Review notifications sent to CQC - any time delays, any notification outliers on insight? • Consider timeframe or chronology for patterns/trends • Feedback from stakeholders • Statement of Purpose • Service/maintenance records • Policies
<p>How are you keeping up to date with, for example, changing guidance?</p>	<ul style="list-style-type: none"> • Question manager regarding some of the latest changes and their knowledge of these • Staff feedback
<p>What support networks have you created/accessed and how have they supported your service?</p>	<ul style="list-style-type: none"> • Speak with support networks and sources of information
<p>Questions relating to insurance requirements:</p> <p>Does the provider have a current certificate(s) of insurance for their service covering both public and employer liability? (inspector to view evidence, on site or remotely)</p> <p>If not, why not? (explore any issues around being unable to renew insurance/ unable to afford renewal costs, etc.)</p> <p>Does the current liability insurance cover include any exclusions or caps in relation to COVID-19 or any other issues? (for provider to confirm; inspector is <u>not</u> expected to view evidence)</p>	<ul style="list-style-type: none"> • Liability insurance certificate

<p>If the certificate end date shows the policy is due for renewal shortly, has the provider already had discussion with their insurance provider? Has this raised any concerns about the new cover? (e.g. cost, excesses, exceptions, caps, insurance provider withdrawing from market, etc.)</p> <p>If the provider has any concerns about the renewal of their liability insurance, have they discussed these with their Trade Association? (if a member)</p>	
<p>W4: How does the service continuously learn, improve, innovate and ensure sustainability?</p>	
<p>What systems and methods for monitoring the overall quality of the service are in place 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?</p>	<ul style="list-style-type: none"> • Examples of audits and analysis, resulting actions and improvement planning • Policies • Audits/provider QA records • Complaints • Evidence of how the provider gathers and acts on the views and experiences of people who use the service. This might include records of relevant meetings, self-advocacy groups, satisfaction surveys and action plans produced as a result of such engagement • Feedback from people using the service and their supporters • Feedback from staff
<p>How are these systems used to drive improvement and manage future performance?</p>	<ul style="list-style-type: none"> • Examples of audits and analysis, resulting actions and improvement planning • Staff/stakeholder feedback
<p>What have you learned during Covid-19? What learning and improvement has had positive impact for people and/or staff? Do you have examples where Covid-19 has led to innovation?</p>	<ul style="list-style-type: none"> • Action plans
<p>W5: How does the provider work in partnership with other agencies?</p>	
<p>How well are you able to work effectively with system partners when care and treatment is being commissioned, shared or transferred?</p>	<ul style="list-style-type: none"> • Speak with Health Practitioners and system partners • Feedback from inspectors in PMS/Hospital

Exemptions

You will base how you prioritise the locations on your portfolio on the prioritisation score and banding on the TMA.

However, the following circumstances **may** mean you could delay a TMA call to a service where this might be more appropriate:

- **Immediate regulatory response** – For example where it is clear from the information we already have about a service that an inspection is needed either immediately or within the next one or two months.
- **The service/location is dormant** – No one is currently receiving a service. Please follow the CRM process for this
- **The TMA could be delayed in some cases where a tribunal is planned. Check with the legal team involved.**
- **A criminal investigation may restrict a TMA. Do not ask questions specifically relation to an ongoing criminal investigation as this will be done by way of a PACE interview, however you can cover general regulatory issues. Check with the legal team involved.**
- **A recent inspection** - for example within the last month, means there is no current need for a TMA, depending on the scope and outcome of the inspection.

It should be the exception rather than the rule that a TMA call is delayed. You should record this decision by selecting the relevant drop-down option in the TMA record. If you are unsure you should discuss your rationale with your inspection manager.

Having carried out a recent ESF is not a reason to delay carrying out a TMA because it is a different process with a different purpose. The ESF involved a supportive conversation with locations/services, designed to help us better understand safety and risks during the emergency pandemic period. The TMA provides a current risk indication to help us decide whether an inspection or other regulatory response is needed.

People's experience of care

Current information about people's experience of care must form an essential part of every assessment of the risk in a service. Inspectors cannot make the decision that no further regulatory activity is indicated, if they don't have user voice/experience.

This information can come from a variety of sources and the decision on which further collection method(s) will be used should be made at the planning stage for each assessment. It will be a judgement based on our existing knowledge of the service and the risks to people in it. Where the information gathered indicates increased risk, we will need to widen our enquiry.

Methods for collecting people's experience can be found here - link to 12.1-12.8 in TMA cross-sector guidance

The decision on the way inspectors will get more information about people's experience of care will be proportionate to the known risk in the service, the needs of the people in it and the extent of current knowledge.

Here are some principles inspectors should consider when deciding how to get the best information you will need about people's views and experience;

- What feedback and information do you already have?
- What changes have there been in the service and do they appear risky?
- How confident are you in the provider's own feedback information?
- How do people best communicate their needs and wishes?
- Who else from outside the service has regular contact with the people in it?

The link below contains the prompts which are people-focused (under each KLOE) and which will help you get information about people's experience of care. As with the KLOEs, use these proportionately and flexibly along with your professional judgement.

[people focused prompts](#)

Inspections and further actions

Where the outcome of the TMA indicates further regulatory action is required, you will usually complete either a targeted or focused inspection. In exceptional circumstances a full inspection of all 5 key questions may be carried through agreement of an MRM with DCI sign off.

- This is where we have reason to believe; Intelligence/planning indicate a service may have deteriorated to inadequate
- Where we believe there have been significant improvements meaning a service is likely to have improved from Inadequate
- A newly registered service or when the service does not have a rating or to support the local system
- Where our planning, intelligence or evidence collected during inspection indicates the overall rating is no-longer accurate and there are widespread or systemic concerns about care
- Services going to FTT where full and current evidence is needed and could not be obtained by a focused or targeted inspection

In terms of public interest, this would be where we focus on the areas of risk and/or concern AND where this **cannot** be achieved through a **focused** inspection.

When you are planning your inspection, you should consider what you are trying to achieve, for example where the risks are and consider the option with the least impact first.

Targeted Inspections

- Have a narrower focus than focused inspections
- Do not look at an entire key question, just the KLOEs within the key question where there are particular risks or concerns.
- Can follow-up breaches or concerns from previous inspection, for example whether a Warning Notice has been met.
- Do not look at the well-led key question unless the concerns are under that domain.
- Do not lead to a change in the ratings.
- Can be expanded into a focused inspection if required.

Detailed guidance on Targeted Inspections can be found [here](#).

Focused Inspections

- Are used where our intelligence/planning suggests there may be a change in rating or where concerns are more widespread.
- Look at entire key questions and can change ratings.
- Always look at the well-led key question.

Detailed guidance on Focused Inspections can be found [here](#).

Where we have serious concerns

Link to 16.1-16.4 in cross sector guidance

Infection prevention and control

Site visits at care home services must consider the provider's approach to infection prevention and control (IPC). You will need to complete the [online checkbox](#). Where you are unable to complete checkbox onsite there is a word document available [here](#). You should submit your completed checkbox as soon as possible after the site visit.

Where IPC risks have triggered your inspection, you should report on your findings under the safe key question as usual. If you are looking at IPC alongside inspection (IPC concerns have not triggered the inspection) you should comment on the areas of IPC where you are assured using the format found in the [ASC inspection template](#).

There is more detailed guidance on inspecting IPC [here](#).