

Nutrition and hydration in CQC's assessment framework



Simon Spoerer

*NACC & LACA South East & London Winter Seminar
1 December 2017*

Our purpose



The Care Quality Commission is the independent regulator of health and adult social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.



Our current model of regulation



Register

We **register** those who apply to CQC to provide health and adult social care services

Monitor, inspect and rate

We **monitor** services, carry out expert **inspections**, and judge each service, usually to give an overall **rating**, and conduct **thematic reviews**

Enforce

Where we find poor care, we ask providers to improve and can **enforce** this if necessary

Independent voice

We provide an **independent voice** on the state of health and adult social care in England on issues that matter to the public, providers and stakeholders

Scope of CQC's provider remit



Care homes and domiciliary care

12,500 providers

25,500 care homes

9,000 community services

Hospitals and clinics

245 NHS trusts

1,500 independents

Ambulances

10 NHS trusts

250 independents

Primary dental care

8,000 providers

Primary medical services

9,000 providers

- 1.75 million people use adult social care
- 11 million NHS and 1.6 million independent inpatients
- 22 million dental patients per year (15m NHS, 7m private)

England's population is 53m

Physical assistance given to a person in connection with—

- a. eating or drinking (including the maintenance of established parenteral nutrition),**
- b. toileting (including in relation to the process of menstruation),
- c. washing or bathing,
- d. dressing,
- e. oral care, or
- f. the care of skin, hair and nails (with the exception of nail care provided by a person registered with the Health and Care Professions Council as a chiropodist or podiatrist pursuant to article 5 of the 2001 Order), or

Prompting, together with supervision, of a person, in relation to the performance of any of the activities listed in paragraph (a), where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision

Nutritional and hydration needs

14.—(1) *The nutritional and hydration needs of service users must be met.*

Suitable / adequate food

Where accommodation provided or meeting nutrition and hydration needs is part of providing care or treatment

But also:

In a Person Centred way

With Dignity and Respect

With Consent

Safely

Safeguarded from abuse

Premises and equipment

Complaints

Good governance

Enough & trained staff

Fit and proper staff & leaders

Candour when things go wrong

‘Inspecting for Good’



We look for more than basic compliance with rules and regulations

We check whether services are ‘Good’ against set criteria (the ‘Characteristics of Ratings’ in our Assessment Framework)

‘Good’ is set above legal compliance

‘Requires improvement’ means requires improvement to be ‘Good’, not compliant

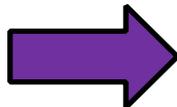
‘Outstanding’ means just that! More in a moment

‘Inadequate’ also means just that.

We check whether services rated ‘Requires Improvement’ & ‘Inadequate’ are meeting legal requirements, and take action if not

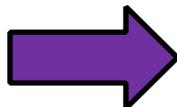
Enforcement Policy, Repeat Requires Improvement, Special Measures

Five Key Questions



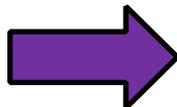
Is the service...
Safe? Effective? Caring?
Responsive? Well-Led?

Ratings



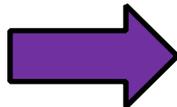
Outstanding, Good, Requires
Improvement, Inadequate

Characteristics of Ratings



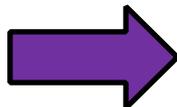
Criteria for each rating for each
KLOE and key question

The Key Lines of Enquiry



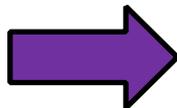
Key lines of enquiry for each key
question

Prompts



Prompts for each key line of
enquiry

Sources of evidence



Likely sources of evidence

Characteristics of Ratings: Nutrition and Hydration



Outstanding

Highly personalised

- Creativity
- Flexibility
- Innovation
- Positive support for diversity
- Strong emphasis on eating well

Good

- Always sufficient
- Choice
- Access
- Personalised
- Pleasant dining environment
- People involved
- Recognition of complex needs
- Regular monitoring

Requires Improvement

- Not always sufficient
- Limited options
- Not always balanced
- People not always involved
- Limited attention to culture/ethics
- Variable quality
- Risk management lapses
- Varied access to / requests for specialist advice

Inadequate

- Insufficient
- Access restricted
- No choice
- Rushed mealtimes
- Poor experiences
- Staff don't have required knowledge and skills
- No involvement
- No attention to culture/ethics
- No access to specialist advice
- People at risk

KLOEs & Prompts: Nutrition and Hydration specific



E3	How are people supported to eat & drink enough to maintain a balanced diet?	
E3.1	How are people involved in decisions about what they eat and drink and how are their cultural and religious preferences met?	Services that provide, prepare or serve food as part of providing regulated activity, or that support people to do so for themselves
E3.2	How are people supported to have a balanced diet that promotes healthy eating and the correct nutrition?	
E3.3	Are meals appropriately spaced and flexible to meet people's needs, and do people enjoy mealtimes and not feel rushed?	
E3.4	How are risks to people with complex needs identified and managed in relation to their eating and drinking?	

AND: Safety, Compassion, Responsiveness, Leadership...

CQC is not a sector good practice provider / developer

Providers expected to keep themselves up to date

We signpost as needed to statutory sector organisations, eg:

- SCIE, NICE, SfC, NHS(E), HCPC, NMC, GMC

And other sources of expertise and knowledge, eg:

- VODG, TLAP, ARCO, NHF, ADASS, AEA, Diabetes UK, Action on Hearing Loss, Age Concern, UKHCA, BDA
- **National Association of Care Catering**

Guidance for CQC inspectors

Remember why we do this.....



Copyright: Community Care

Thank you



www.cqc.org.uk

enquiries@cqc.org.uk

 [@CareQualityComm](https://twitter.com/CareQualityComm)

Simon Spoerer
Design Team Leader, Adult Social
Care Policy Team