



A guide for LINKs

How local involvement networks (LINKs) can work with the Care Quality Commission

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1. Introduction

This is a guide for anyone involved in a Local Involvement Network (LINK) who wants to know more about how their LINK can work with the Care Quality Commission (CQC), the independent regulator of health and adult social care services in England. It tells you more about CQC and what we do. It explains what your LINK can expect from us as we work together locally to improve care. It explains what information you can share with us to help us check on services, and how you can use the information we hold to help your LINK.

The guide has been written by CQC and some LINKs working together. We would like to thank the LINKs and local CQC staff involved for their effort and enthusiasm. Examples from their work have been used in the guide.

We will carry on working with all LINKs while local HealthWatch organisations are set up, to continue to meet our statutory duty to take account of the views of LINKs. It is important to us to build on our local relationships with all LINKs and to be working as well together as possible to improve care. In future, we will work with local HealthWatch and with HealthWatch England which will be based in CQC.

We would like to hear from more LINKs and to use more of the information LINKs hold about people's views and experiences of their care. We are especially interested to hear about people's experiences of social care services as well as health care. The examples in this guide describe some of the achievements between a number of different LINKs and our local CQC inspection teams. We hope they encourage all LINKs to share information with CQC to help us work together to improve care.

For more information about our work with LINKs and our previous reports and bulletins to LINKs, please go to www.cqc.org.uk/localvoices. For information about HealthWatch go to: www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm

2. About the Care Quality Commission

We are the Care Quality Commission, the independent regulator of healthcare and adult social care services in England. We check whether care services meet essential standards of quality and safety, and we also protect the interests of vulnerable people, including those whose rights are restricted under the Mental Health Act.

Find out more about us at www.cqc.org.uk

Which services do we check?

We check on these types of services:

- Providers of medical treatment to people of all ages, including treatment provided in hospitals, by ambulance services and by mental health services.
- Providers of care homes for people over 18 who need help to maintain their independence and wellbeing. This includes nursing homes. Care homes can provide residential care for the following:
 - People with long- or short-term health conditions
 - Disabled people and people with learning disabilities
 - Older people
 - People with drug or alcohol problems.
- Agencies that provide care, treatment and support to people over 18 living in their own homes to help them maintain their independence and wellbeing.
- Providers of services for people whose rights are restricted under the Mental Health Act.
- We started to register and check on dental services (in the community) and independent ambulance services from April 2011. We will register and then check on GPs and other primary medical services in the community from April 2012. (Note: We have proposed a later start date for registration of GP services, which must be consulted on by the Department of Health and debated in Parliament).

What standards do we check on?

The Health and Social Care Act 2008 requires providers of all regulated care services to meet government standards of quality and safety – the standards the government says anyone should expect whenever or wherever they receive care. These standards cover things like cleanliness, dignity, safety and staffing.

We license providers if they meet the standards, we check whether or not they continue to do so and we take action if standards aren't being met. Our assessments are based on people's experiences of care and the impact it has on their health and wellbeing, as well as on whether or not the right systems and processes are in place.

We put the views, experiences, health and wellbeing of people who use services at the centre of our work.

You can read our guidance about the essential standards and full details of the outcomes we look for at www.cqcguidanceaboutcompliance.org.uk and at www.cqc.org.uk/_db/_documents/Quick_guide_to_the_essential_standards.doc

We have also produced guides for the public explaining what you can expect from your care which can be found at:

www.cqc.org.uk/usingcareservices/essentialstandardsofqualityandsafety.cfm

You can expect any of the health or social care services we check on to meet the following essential standards:

You can expect to be involved and told what's happening at every stage of your care

- You will always be involved in discussions about your care and treatment, and your privacy and dignity will be respected by all staff.
- You will be given opportunities, encouragement and support to help you live as independently as possible.
- Before you receive any examination, care treatment or support you will be asked whether or not you agree to it.

You can expect care, treatment and support that meets your needs

- Your personal needs will be assessed to make sure you get safe and appropriate care that supports your rights.
- You get the treatment that you and your health or care professional agree will make a difference to your health and wellbeing.
- You will get the food and drink you need to meet your dietary needs.
- If you have more than one care provider, or if you are moved between services, you will get coordinated care.

You can also expect your needs to be met in relation to:

- Your cultural background and the language you speak
- Your sex (gender)
- Your disability
- Your age
- Your sexual orientation (whether you are a lesbian, gay, bisexual or heterosexual person)
- Your religion or belief
- Your gender identity, if you are a transsexual person
- Your needs if you are pregnant or have recently had a baby.

You can expect to be safe

- You will be protected from abuse or the risk of abuse, and staff will respect your human rights.
- You will get the medicines you need, when you need them, and in a safe way.

- You will be cared for in a safe and accessible place.
- You will not be harmed by unsafe or unsuitable equipment.
- You will be cared for in a clean environment where you are protected from infection.

You can expect to be cared for by qualified staff with the right skills to do their jobs properly

- Your health and welfare needs are met by staff who have the knowledge, skills and experience needed.
- There will always be enough members of staff available to keep you safe and meet your needs.
- You will be looked after by staff who are well managed and have the chance to develop and improve their skills.

You can expect your care provider to routinely check the quality of its services

- Your care provider will monitor the quality of its services to make sure you are safe.
- Your personal records, including medical records, will be accurate and kept safe and confidential.
- You, or someone acting on your behalf, can complain and will be listened to. Your complaint will be acted upon properly.

How we carry out our checks

We check all services at least once every two years, but we focus on checking services more frequently where there are concerns that people may be getting poor care. We identify these concerns by sharing information with a wide variety of organisations, by listening to the public, local groups, care staff and whistleblowers, and by monitoring data. We build a profile of each service that is updated whenever new information arrives. This helps our inspectors to decide where there is a risk that people could be experiencing poor care. The information comes from different sources, including:

- People who use services, families and carers
- LINKs (local involvement networks)
- Overview and scrutiny committees for health and/or social care
- Foundation trust councils of governors
- Other voluntary and community groups
- Other regulatory organisations and the NHS Information Centre
- Other organisations such as commissioners of care (like councils) and the health and local government ombudsman
- Staff and other professionals
- CQC inspectors.

Feedback from people who use services is very important to us. We treat it as seriously as we do other forms of information.

When we decide that there is a risk of poor care, we carry out an assessment of whether or not the service is failing to meet one or more of the essential standards. We review the information we hold and we ask the people running the service to prove that it is meeting the standards. If we judge that it is necessary, we visit the service to observe how care is delivered, talk to the people who use the service and to staff, and to check the provider's records if necessary.

Our assessments focus on any evidence that care is not meeting the standards. If we judge that services are not meeting essential standards we use our powers to require improvements. We follow up to make sure the improvements are made and we hold services to account if they don't do so. If we judge that people's health, wellbeing and safety are at risk we take swift action to protect them.

Once we have reviewed a service we publish our findings as quickly as possible. Our information can help people choose a service or tell them about standards of care at a local service. We update our website when there are changes to report about checks, improvements or concerns.

What we do if a service doesn't meet the essential standards

If standards aren't being met, we require improvements within a set timescale. The service must then send us an action plan telling us how it will make these improvements.

If the service does not improve, or we have serious concerns about the health and safety of people who use it, we have a range of enforcement powers we can use including fines, warnings, restrictions to the way the service is provided, suspension or cancellation of its licence to operate, and prosecution of those providing the service.

When we propose to use our enforcement powers, the service has 28 days to challenge us before we can make our decision public, but if we believe there is a serious, immediate threat to people's health and safety, we can act immediately to restrict, suspend or stop the service from being provided and we can make our decision public as soon as we do so.

3. What your LINK can expect from the Care Quality Commission?

This section sets out how our staff aim to work with all LINKs across the country. If the relationship between CQC and your LINK is still developing, we will gradually introduce the steps set out below.

Regular contact with CQC staff

Your local CQC manager or inspector aims to have regular contact with your LINK chair and LINK host (if you have one) every three months either by phone, email or a meeting. We may have more frequent contact than this if you have shared information with us about local services and we need to discuss this with your LINK. When we make contact with your LINK, CQC staff will usually:

- Explain how we check on services and promote the essential standards of quality and safety to your LINK.
- Share our confidential programme of reviews over the coming six months (without dates), and any current improvement or enforcement actions we are taking that can be made public.
- Find out about your LINK's latest work programme and any plans to enter and view services.
- Hear from your LINK about the issues/concerns local people are raising about the health and social care services in the area. These may come from your surveys, local meetings, ad-hoc contact to the LINK, enter and view visits, the activity of local voluntary groups and so on.
- Give you feedback about how we have used any of the information your LINK has already shared with us.

How we work with your LINK during a review of a service

At the start of a CQC service review we check our records to see whether your LINK has recently submitted information to us about the service at any of its locations. We may then contact the LINK chair and host manager (if there is one) by phone or email to let you know about the review and the timescale. We will usually do this where:

- Your LINK has raised concerns about the service provider, or
- The service provider is included in your LINK's work programme, or
- There are gaps in our knowledge about people's views and experiences of the service provider, that your LINK may help us fill.

We will invite your LINK to give us any new information about the service. We may encourage you to make contact with neighbouring LINKs if you need to coordinate providing information for CQC.

At each contact/meeting with your LINK, we will identify any actions you intend to take as a result of our reviews. For example, new 'enter and view' activity, further evidence-gathering about particular service providers or referrals to overview and

scrutiny committees. This will help us coordinate our activities better, for example, to avoid visits at the same time.

We do not run joint visits to health or social care services with LINKs, as our roles and responsibilities are different. However, it is very important that we know when LINKs are planning to enter and view services, so we can take account of the timing of the visits and the findings from them.

How we work with your LINK when we take enforcement action

We will aim to let your LINK know about an enforcement action we have taken as soon as it is made public. This is when the representations and appeals process that service providers can use is also ended. For example we will aim to share press releases with you as soon as we can. We understand that this is particularly important where your LINK has also been seeking local improvements to services from the provider concerned.

We will identify whether your LINK plans to take action as a result of our enforcement action, and will work with you to coordinate this with further CQC activity.

How we give feedback to your LINK

We will let you know we have received any information that your LINK sends us between our regular contacts or meetings. If your LINK sends information to us via the CQC webform, you will receive an automatic acknowledgement (see page 11). At our regular meetings/contact with your LINK, we will aim to:

- Give you verbal feedback about how we have used any information you have shared with us.
- Highlight the findings and outcomes of relevant reviews of providers.
- Make sure your LINK has a copy of the relevant compliance reports.

Our approach to sharing information that is not yet public or is confidential

We will tell your LINK about the programme of reviews of services we expect to carry out over the coming 6 months. We will not tell you the dates for these reviews or whether we will be visiting a service as part of the review. It is very important that we keep our programme of unannounced visits confidential. The public have told us that this is one of the most important things we do. We expect LINKs to respect this information and not to share it with service providers or other groups who may make it public.

We may need to discuss information with the LINK chair and host manager (where there is one) about concerns we have about a service that are not yet in the public domain. This is to allow your LINK to contribute as much information as possible to inform our decisions. We would expect the LINK to follow its code of conduct to ensure these discussions can take place in confidence.

We are unable to share enforcement action we are taking while a service provider has the chance to appeal against this action. Once the appeal period is over, the enforcement action can be made public and shared with the LINK.

CQC will not share confidential personal information with LINKs. Similarly, we would not expect a LINK to share information with us that identifies individuals or their families, unless this information comes from the individual themselves, someone has agreed that their information can be shared with CQC or someone has asked a LINK to pass the information to CQC.

4. Sharing information with CQC about local services

We hope your LINK will share information with us about people's views and experiences of local services, and let us know what you are doing to improve care in your area. It will help us if you can:

- Keep in contact with our local CQC staff.
- Share any information with us if you think it helps us check on the essential standards.
- Share information with us about any of the services we check on – adult social care, health services, dentists and so on.
- Let us know if the LINK chair or contact officer changes so that we contact the right person.

Your LINK can provide information it already holds, such as:

- Formal reports/reviews of local health or social care services.
- LINK enter and view reports.
- LINK workplans.
- Comments gathered at public events about local health or social care services.
- Contact from members of the public.
- Information on local concerns or emerging issues.
- Local surveys and so on.

You may also wish to gather additional information for one of our reviews of a service provider. The ways you might do this include:

- Inviting LINK members to contribute information directly to the LINK host/chair by email or phone to be shared with CQC.
- Holding a meeting or using an existing LINK meeting to discuss any information LINK members have about a provider.
- A bespoke survey or other channels your LINK uses to gather information on specific issues or services.

How to share your information with CQC

You can share information with CQC in three ways:

1. Through our website, where there is an online feedback form for LINKs and other groups at www.cqc.org.uk/localvoices. You can complete the form in your own words and you can also attach your reports to the form. It helps to highlight which sections of the report tell us about the quality or safety of care.
2. Through your local CQC contact. You can share information with them by email, phone or face to face when you meet them.
3. Through our enquiries contact centre at 03000 616161 or enquiries@cqc.org.uk

Top tips about the information you share with CQC

1. If in doubt, share your information with us. We would rather have the chance to read about your concerns and decide what action to take, than not know about them. It might be one story of care, or evidence from a visit or survey. If you have concerns about the care provided, then it is likely that your information will help us check on services.
2. Try to name the health or adult social care service or services you are describing in all your comments or reports. This is especially important when you are giving us information about several different services.
3. Focus on giving us information that tells us about what you have found out or heard about a service providing care, rather than details of how your LINK works.
4. Provide the evidence for your conclusions and comments and any dates whenever possible, and explain what sort of evidence you have (it may be a small number of concerning stories or evidence from a survey or meeting with many more people).
5. Try to match your information to our CQC essential standards of quality and safety. You can relate your information to as many standards as you like.
6. Please let us know whether you are giving us information that is positive or negative about how care is provided. Both positive and negative comments about a service are important in helping us judge whether a service continues to meet our standards.

What we do with your information?

Relevant information from your LINK becomes part of our 'quality and risk profile', which we hold for every health and adult social care organisation. The information you share with us will:

- Help us spot problems or concerns in local services that we need to act upon.
- Help in our assessments and reviews of different types of organisations.
- Allow us to look at how well a service provider meets essential standards of quality and safety. This will help us decide if the service provider can continue to register with us and provide its services to local people.
- Help us decide if we need to ask a service provider to make improvements in some areas of its care, to show us that it will meet all these standards in future.

We match your information with our essential standards of quality and safety if we can, and decide whether it is positive or negative. Then we weigh up whether it is clear and whether it is about people's experience of care. For example, does it tell us something that has an impact on a person using the service and does it represent the views of someone using the service (or groups of people using the service)?

We will give your information a score. The higher the score, the more likely it will make a difference to our judgements about the care provided by a service. If your

information does not relate to our essential standards we may use it as background information about that service, or we may not be able to use it at all.

You can find more examples of LINKs information we have found useful in section 8 of this guide and in the longer version of the guide available on our website at www.cqc.org.uk/localvoices. LINK enter and view reports and local surveys of people who use services have been particularly useful in helping us decide which services to review or what to look for when we visit a service.

What to do if you are concerned about someone's safety?

We want people who use care services to be safe, especially if they are in vulnerable circumstances, and may find it difficult to speak for themselves. If you have urgent concerns about the wellbeing of a child or vulnerable adult, your LINK should contact your local authority children's or adult social care department. This might be evidence of physical, sexual, psychological abuse, neglect and acts of omission including ignoring medical or physical care needs or discriminatory abuse.

CQC does not deal with these individual cases of safeguarding, but we work closely with local authority safeguarding staff and can use the information in our judgements about services. We can follow up a service where concerns have been raised, and this may lead us to take enforcement action against the service if we find it does not meet essential standards of quality and safety.

Examples of information from LINKs about safeguarding issues

A LINK has submitted an enter and view report to CQC where 'dismissive/ rude or abrupt' language was witnessed from a staff member to a person using the health service and on another occasion they witnessed 'rough handling' of a person on the ward. This could be a cause for great concern even if at the time the witness did not feel it an issue that needed to be reported to social services.

A LINK has told CQC it has received concerns from a carer whose son has been in residential care for some years. The concerns raised were that some of the care staff in the home where her son lives cannot use hoists and therefore when they are on duty the people using the service cannot get out of bed.

5. LINKs to HealthWatch

CQC will continue to work with LINKs throughout 2011 and 2012 until local HealthWatch is established. We will then build on what LINKs and CQC have achieved in our work with local HealthWatch, and with the new HealthWatch England. CQC and the Department of Health have developed a joint programme to deliver HealthWatch. The minutes from each programme board and advisory group are available on the CQC website at:

www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm

The Department of Health has published its transition plan for HealthWatch, setting out what will happen to set up HealthWatch England, support LINKs during the transitional year, and the establishment of local HealthWatch. You can access the transition plan on our website at:

www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm

6. Where to go for more information

For more information about CQC go to www.cqc.org.uk or ring 03000 616161

To talk to us about our work with LINKs, email involvement.edhr@cqc.org.uk

For information about the development of HealthWatch England, please go to our website:

www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm

You can get involved in HealthWatch England developments by sending an email to enquiries.healthwatch@cqc.org.uk

To contact any of the LINKs involved in developing this guide, please use the contact details below:

Leeds LINK: Jim Kerr leedslink@shaw-trust.org.uk or 0113 3885099

Bromley LINK: Sam Paice bromleylink@shaw-trust.org.uk 0208 315 1982

Sefton LINK: Diane Blair Diane.blair@seftoncvs.org.uk 0151 920 0726 ext 331

East Sussex LINK: Elizabeth Mackie info@thecountylink.net 01323 514510

Wakefield LINK: Celia Bateson, wakefieldlink@shaw-trust.org.uk 01924 374 188

Plymouth LINK: info@plymouth-link.co.uk 01752 202407

Gloucestershire LINK: gloslink@grcc.org.uk 01452 528491

Derby LINK: Mark Blaney, mblaney@cvsderby.co.uk 01332 227724

7. Tools and templates produced by LINKs for this guide

The LINKs who have worked with us for this guide have produced a range of tools and templates for use in their work with CQC. All the tools and the stories of the LINKs work are available on the CQC website at www.cqc.org.uk/localvoices or from the individual LINKs themselves (see list above). We hope other LINKs will adapt them for their own use as they develop their local relationships with CQC. The list below tells you which tools and templates are available.

Table 1: List of tools and templates for working with CQC

Name of LINK	Tools and templates produced
Gloucestershire LINK	A communications pathway protocol between LINKs and CQC Public statement about the relationship between the LINK and CQC Quarterly spreadsheet template produced to capture comments received from the public at events and through other sources Draft agenda for meetings between the LINK and CQC
East Sussex LINK	Comments sheet about services and 'at a glance' graph Decision making process for agreeing priorities East Sussex LINK work programme and how the LINK conducts its activities Joint working protocol with statutory partners
Leeds LINK	Draft protocol for communication between CQC and Leeds LINK
Sefton LINK	Template for recording PALs issues against CQC standards
Bromley LINK	Reporting template: Bromley LINK to CQC
Plymouth LINK	A meeting template and agenda for CQC meetings A map of research areas against CQC standards A survey used to gather views on primary care access
Derby LINK	Survey and interview tools for use in care homes related to CQC essential standards

Examples of the tools and templates

Gloucestershire LINK: template for local meetings with CQC

The LINK uses this template as a structure for local meetings between the LINK and CQC and the basis for an accurate record of the meeting.

Agenda for formal meeting between the LINK and the Care Quality Commission (CQC)		
Date		
Venue		
Invitees		
Apologies		
Item	Subject	Who
1.	Introductions	All
2.	Matters arising from previous minutes	All
3.	Update from LINK on their schedule of work	LINK
4.	Feedback from CQC on how previous information has been used by CQC	CQC
5.	Update on CQC on planned reviews including requests for information to contribute to planned reviews	CQC
6.	Update on enforcement action taken by CQC (eg. Any conditions imposed/removed on local service providers)	CQC
7.	Issues LINK wish to discuss with CQC (eg. Emerging issues, future events, other information)	LINK
8.	Issues CQC wish to discuss with LINK (eg. Emerging issues, future events, other information)	CQC
9.	Any other business	All
10.	Date of next meeting	All

Leeds LINK: communication protocol with CQC

Leeds LINK has had a good working relationship with CQC and a CQC sub group in place. Following staff changes in CQC which made it harder to maintain local contact, the LINK decided to develop an agreed protocol for communication pathways between CQC and the LINK, to withstand changes in personnel on either side. The '*draft protocol for communication between CQC and Leeds LINK*' includes:

- How information is shared between the two organisations.
- The commitment of CQC staff to attend the quarterly meetings of the CQC LINK subgroup.
- An agreed reporting structure whereby the LINK has a standard format for submitting all types of information gathered with the best person within the local CQC team.

- An agreed process for how the LINK and CQC interact when the LINK requires help and advice from local CQC staff about how to handle specific matters arising from the LINK's work.
- Agreeing a confidentiality statement.
- Formal meetings between CQC and the LINK .

East Sussex LINK: mapping issues from the public against CQC essential standards

East Sussex LINK uses a spreadsheet to map the information and comments they gather and receive from local people. The spreadsheet captures structured and unstructured information, describing when and where the information came from, the source, the topic and services it relates to, whether it is positive or negative and how the LINK has acted on the information. They have mapped some of the common issues to CQC's essential standards to make it easier to share this information with CQC on a regular basis. Some examples are shown below:

Topics identified by the LINK from public comments	CQC Essential standards of quality and safety
Environment	Outcome 8: cleanliness and infection control Outcome 10: safety and suitability of premises Outcome 11: safety, availability and suitability of equipment
Safeguarding	Outcome 7: safeguarding people who use services from abuse
Staffing	Outcome 12: requirements relating to workers Outcome 13: staffing Outcome 14: Supporting workers
Complaints	Outcome 17: complaints
Dignity and rights (advocacy)	Outcome 4: care and welfare of people who use services Outcome 1: respecting and involving people who use services Outcome 2: consent to care and treatment
Quality of services	Outcome 16: Assessing and monitoring the quality of service provision
Medication	Outcome 9: Management of medicines
Safety/mistakes (including records)	Outcome 2: consent to care and treatment Outcome 21: records
Joint/streamlined working	Outcome 6: cooperating with other providers
Nutrition	Outcome 5: meeting nutritional needs

Bromley LINK's reporting template to CQC

Bromley LINK is testing out the reporting template below, to help gather and share information it collects with CQC. It uses this with local CQC staff when it wants to share information quickly and easily in a standard format.

Reporting template – Bromley LINK to CQC			
Issue summary:	(brief description of the issue being raised)		
Organisation it relates to:	(eg NHS Trust, care homes)	CQC outcome(s) it relates to:	
What action has the LINK taken?	(eg meetings, correspondence, Enter and View)		
Who raised the issue?	(demonstration of views collected from community)		
Supporting data sources:	(eg PALS, surveys, Enter and View reports, anecdotal data)		
Any other information?	(more detail about the issue if needed)		
Next steps?	(what does the LINK intend to do next, why is it raising the issue with the CQC?)		

Derby LINK's enter and view reports of care homes

Derby LINK has visited every care home in the city, working with CQC local staff to develop their approach. The surveys they use relate to CQC's essential standards. Each enter and view report covers the following information about each care home, with the findings also linked to CQC's essential standards:

Name and address of the care home

Staff and volunteers from the LINK who visited the home

Date

Introduction to the LINK and the research

Reader information (where to get more information from the LINK)

Service information (more details about the care home)

Summary of the report

Brief description of services

Findings:

- Involvement and information
- Personalised care, treatment and support
- Safeguarding and safety
- Suitability of staffing
- Quality and suitability of management

Conclusions and recommendations

Plymouth LINK's survey of primary care access

Plymouth LINK developed survey tools for gathering information from minority communities across Plymouth about their access to primary care services. They worked with CQC staff to map the question areas to CQC essential standards and the outcomes we look for. They are working with the PCT and CQC to consider how concerns may be addressed. The question areas and mapping is shown below.

Primary care access Survey question areas	CQC outcomes
Getting an appointment/service	Outcome 4: Care and welfare of people who use services (making reasonable adjustments to meet needs)
Information (formatting, understanding, suitability)	Outcome 1: respecting and involving people who use services (enable to participate in decisions/provide
Involvement in own treatment/being listened to	Outcome 1: respecting and involving people (enable to participate in decisions/express views of their care)
Staff (responses/attitudes)	Outcome 1: respecting and involving people who use services Outcome 4: care and welfare of people who use services Outcome 7: safeguarding people who use services from abuse/psychological ill treatment Outcome 12: requirements related to workers (good character, skills necessary to do the job) Outcome 14: supporting workers (workers receive appropriate training)
Building/environment	Outcome 4: care and welfare of people who use services (making reasonable adjustments to meet needs) Outcome 10: Safety and suitability of premises (design/layout)

How LINKs tell service providers about working with CQC

Some LINKs have produced statements for service providers about their relationship with CQC. Others have set out how this relationship works in other documents shared and agreed with service providers, either formally or informally. It is important for providers to know that LINKs share positive as well as negative comments and evidence to CQC. More examples can be found in the web version of this report at www.cqc.org.uk/localvoices

Gloucestershire LINK: Public statement about LINK and CQC relationship

Gloucestershire LINK uses a general public statement whenever information is requested from registered service providers so that they are aware of the relationship between the LINK and CQC. It states:

“One of the primary functions of the Local Involvement Network (LINK) is to help gather the views and opinions of the public on local health and social care service provision. The LINK passes on these views to the commissioners and providers so that they can take action to improve local services. The LINK works closely with officers of the Care Quality Commission (CQC) so that the regulator hears the views of local people. This helps to inform CQC of current and emerging issues so that judgements can be made on how registered providers comply with and meet their essential standards of quality and safety.”

The LINK also has regular partners meetings which include representatives from all providers and commissioners of health and social care services in the county. During these meetings, an exchange of information takes place which incorporates any work being carried out with the CQC.

East Sussex LINK: Joint protocol about the LINK’s relationships with partners, including CQC

East Sussex LINK has a joint protocol in place which aims to set out how the LINK, providers and commissioners of health and social care services in East Sussex will work together. The protocol is explicit about its relationship with CQC, and includes contact details for the local CQC manager working with the LINK. It includes a similar statement to the Gloucestershire LINK above, and also says:

“Once a LINK report has been ratified by the Core Group, the LINK will share its findings with:

- Care Quality Commission
- Overview and Scrutiny Committees
- Health and social care commissioners
- The wider community in publication of its Annual Report
- Executive members with health and social care portfolios

The LINK will consider all reasonable responses by providers or commissioners of services as to why they intend not to implement recommendations contained within a report. If the LINK is not satisfied with the response, the LINK will refer to the CQC or Overview Scrutiny Committees when there are concerns that agreed recommendations have not been implemented or where insufficient reason has been given as to why a recommendation cannot or will not be implemented.”

8. Examples of working together

Information from LINKs has helped CQC check on a wide range of health and social care services. In some cases, it has contributed to our decisions to undertake reviews of services. This has led us to take actions to require services to make improvements or to take enforcement action against them for poor care. LINKs reports on services and 'enter and view reports' have been particularly useful. In some areas, information from LINKs has helped us focus on which aspects of a service to look at in one of our reviews, and which locations to visit.

In this section, we provide examples of how some LINKs have been working with CQC and how information is being shared between us. Each LINK works in a different way but these examples show what can be achieved by working together. Full details of these LINKs' work with CQC can be found in the web version of this guide available at www.cqc.org.uk/localvoices

Sefton LINK

"It has become an important aim of Sefton LINK to share information with CQC to help them in their role of monitoring services using the web form and local compliance manager. Partnership working is the key to getting local quality services delivered in safe environments. For example, findings from an 'Enter and View' visit prompted CQC to undertake a follow up inspection as there were major concerns with a residential care home in Sefton. If the LINK had not shared this information then local concerns would not have been picked up by the national monitoring body and local services would not have been improved. The local compliance manager stated how useful the LINK's template had been for them in identifying common concerns."

Gloucestershire LINK

"Gloucestershire LINK and CQC have shared information about health and social care services which has come from a variety of sources including reports, Enter and View visits and comments received from the general public. CQC has used this information to build a picture of the quality of services through greater access to the public voice. CQC has shared information with the LINK on the new standards and regulations as well as how registration and compliance is monitored. This information has helped the LINK members to understand better the roles and responsibilities of CQC.

CQC believes that the information provided by the LINK is of a high quality, structured and focused. It has been used to shape and inform reviews of services and to improve practice by inspectors. For example, Gloucestershire LINK's recent Enter and View report looked at the patient pathway for people moving between ambulance and acute services. Additionally a LINK task group report on the discharge pathway and information gathered from the public added to the information that CQC had from other sources. The local CQC team were about to

undertake a review of two locations of a local trust. With the information shared by LINK with CQC, the review was able to focus more on the views and experiences of local people. “

Derby LINK

“The main achievement from Derby LINK’s visits to the care homes across Derby has been to actually speak to so many residents, relatives and staff and give them an opportunity to share their experiences, both positive and negative, of the care home. The surveys are a useful resource for CQC inspectors and compliance managers. Our work has helped CQC by providing a further, well evidenced, level of information about a service which has historically been difficult to capture. Local inspectors have accessed our reports and regularly contact us prior to planned visits asking if we have information about a service. This work has helped to raise the profile and reputation of Derby LINK both regionally and nationally. It has given our members a defined and worthwhile piece of work to get involved with and a sense of pride in carrying out a service for people who are often overlooked.”

East Sussex LINK

“East Sussex LINK and CQC have achieved a greater understanding of each other’s role; this is especially so for volunteers. We have contributed to CQC’s annual report and CQC’s compliance Manager spoke at our Annual Meeting, consolidating the working relationship between LINKs and CQC with our stakeholders. It has helped steer us towards becoming smarter about the way we record and share information to improve the quality of data we collect. We have established regular face to face meetings with CQC’s local team, and attended a CQC staff meeting. This is alongside regular dialogue in emails and via the telephone. It is so important to establish and maintain regular contact. The LINK has undertaken joint work with the Health Overview and Scrutiny Committee looking at nutrition in the acute hospital setting and more recently in care homes. It is a very good example of information sharing and has been used by CQC to inform its national inspection programme into nutrition and dignity in NHS hospitals. East Sussex LINK is also now on the CQC’s national advisory group for this programme.”

Plymouth LINK

“Plymouth LINK has a good working relationship with its CQC compliance manager, sharing information about priorities and work with Plymouth health and social care services. CQC is a key partner to LINKs improving services and provides a powerful ally in LINKs achieving their goals. Access and provision of primary care services has been identified as a priority by the LINK from local evidence. Meetings between LINK, CQC and NHS Plymouth primary care team representatives have agreed on areas for improvement to address unmet needs in the city and support primary care services to achieve CQC standards in preparation for registration. CQC has benefited from this forum that looks at outcomes and regulations with

representatives of people using primary care services away from a regulatory process. It is really important to understand the standards that CQC are working towards. Understanding how these relate to each other will help the LINK identify areas of service improvement for CQC and strengthen the work we are doing with trusts to enable us to refer to the standards”

Leeds LINK

“Leeds LINK has long since had a CQC Sub Group and a good working relationship with CQC at both a national and local level. In order to formalise and strengthen the relationship a protocol was drafted and agreed with our local CQC team which sets the framework for how we work together going forward. This ensures, regardless of who the local CQC Compliance Manager is at any given time, they have immediate access to the minimum standards expected of them in their dealings with the LINK. Likewise, as personnel change within the LINK and the LINK host organisation, the archives hold a document outlining the basis of our relationship.”

Wakefield LINK

“Wakefield LINK Manager and the LINK members now have an excellent local working relationship with the CQC and with the national CQC involvement team. The LINK works in partnership with the local assessors. They have attended the formal LINK Council meetings and joined in discussions and they also share information on local assessments and Enter and View visits. The Wakefield LINK has now formed protocols for working with CQC in partnership. We are being informed when local NHS trust inspections are to take place and invited to pass on any issues to the inspector who then reports back to the LINK. Working in partnership with the LINK helps to speed up the resolution of issues that may have been outstanding for some time and ensures that matters are being taken seriously by NHS and social care colleagues. A good relationship also gives more teeth to the work of the LINK.

Bromley LINK

“Bromley LINK members and host and CQC now have a better understanding of the challenges that each organisation faces. Bromley LINK has decided to try to resolve issues locally wherever possible and its credibility with service providers has improved. They have become increasingly aware of the LINK’s developing relationship with CQC, and of the LINK’s professionalism in developing a clear process for referral. Our CQC compliance manager covers several London boroughs, and the LINK has been building stronger working relationships with neighbouring LINKs. Bromley, Bexley and Greenwich LINKs share two NHS trusts covering a million people. By meeting together to talk about issues with CQC on a quarterly basis, the LINKs are able to learn about issues that they are each tackling and present a unified approach to CQC on issues of mutual interest.”

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We have also produced an easy read version of this guide, which can be found at www.cqc.org.uk. Please contact us if you would like a summary of this document in other formats or languages.

