

Adult social care trade associations meeting

Date	Wednesday 30 April 2025 10:00 – 12:00, via Teams	
Attendees	<p>Trade associations:</p> <p>Liz Jones (LJ) – National Care Forum Jan Burns (JB) – The National Dignity Council Sarina Kiayani – Associated Retirement Community Operators Mary Anson – Care Association Alliance (South) Amrit Sumal (AS) – National Care Association Fraser Rickatson (FR) – Care England Peter Webb (PW) – Care Association Alliance (London and East) Michael Kazich – Shared Lives Plus Daisy Cooney (DC) – Homecare Association James Creegan (JC) – Care Association Alliance (Midlands and North) Natalie Spinks – Skills for Care</p> <p>Apologies received:</p> <p>Karolina Gerlich – The Care Workers Charity Ruth French – The Outstanding Society Zoe Fry – The Outstanding Society Sarah Woodhouse - VODG (Voluntary Organisations Disability Group) Duncan Tree (DT) – Association of Mental Health Providers</p>	<p>CQC and speakers:</p> <p>Chair: Mary Cridge, Director of Adult Social Care, CQC Alison Chilton (AC), Deputy Director North Network, CQC Lizzie Hardy, Senior Stakeholder Relations Adviser, CQC Simon Hill, Medicines Manager, CQC Kate O'Loughlin, NHS England Stephen Doherty, NHS England Katie Weeks, DHSC Kyra Wiseman, DHSC</p> <p>Apologies received:</p> <p>Stefan Kallee, Deputy Director of Adult Social Care, CQC James Bullion – Interim Chief Inspector of Adult Social Care and Integrated Care, CQC Rob Assall, Network Director London and East, CQC</p>

Agenda item	Lead
Welcome and updates	
<p>Dementia strategy update</p> <p>Following a piece on dementia in State of Care last year, and the work you've supported us with through this meeting, we're aiming to publish the first independent report from the Dementia Strategy on 20 May, to coincide with Dementia Action Week. It's a cross-sector report, based mainly on qualitative analysis of patient surveys, Give feedback on</p>	Mary Cridge

care, and provider information returns, and informed by significant stakeholder engagement and research. Its broad themes are access to support, person-centred care, staffing and training, family and carers and inequalities. The report mainly pulls out the challenges faced by people and what providers are doing to try to tackle them. It will also discuss our learning and next steps of the strategy.

PW - how will you ensure that commissioners take the statutory guidance developed as part of the wider strategy into account?

MC – commissioning is looked at as part of the LA assessments, though we don't have enforcement powers.

MA - unhappy about the work Alzheimer's Society is doing with their current campaign. Its messaging doesn't reflect our service's experience.

MC - no one organisation is dominant, Alzheimer's Society are one contributor to our strategy work. We want to hear as many voices as possible in the development of it and we'll be putting the formal structures in place to ensure that.

LJ – Alzheimer's Society coming to NCF to speak about Alzheimer's mandatory training. NCF will be speaking with them about making sure that the mandatory training doesn't fall into same traps as has happened with the rollout of Oliver McGowan mandatory training.

Provider roadshows and the CQC Way

Last week in Manchester (Tuesday 22 and Wednesday 23 April) we held the first of our face-to-face provider roadshows. At the event, providers were able to attend a variety of different conversations, enhancing their understanding of how we work. They also had the opportunity to shape and influence aspects of our work and build relationships with local operational teams.

Central to this rebuilding of trust both internally and externally is the CQC Way. Over the past 3 weeks, analysis of all the data gathered from the in-person/online events and the Safe Space platform has taken place. Our Executive team will meet to discuss the draft framework before it's finalised and presented to our Board for final sign off.

Wheelchair safety

Wheelchairs are essential mobility aids that can significantly improve the quality of life for many residents in care homes and nursing homes. However, their safe and effective use depends on staff having the appropriate knowledge and training. The Medicines and Healthcare products Regulatory Agency (MHRA) and Care Quality Commission (CQC), with input from other relevant organisations, are working together to understand how we can better support the adult social care sector in the safe use of wheelchairs. Your participation in this [survey](#) will help us understand what information or guidelines and/or support will support staff to use wheelchairs safely in care settings. It should take about 5 minutes to complete and closes on 26 May 2025.

<p>SCIE Awards</p> <p>The Social Care Institute for Excellence has launched its Social Care Impact Award. These awards aim to identify, recognise and reward small organisations doing exceptional work in social care. The deadline for entries is 9am on Wednesday 28 May. Find out more on the SCIE website.</p>	
<p>Assessments update</p> <p>Please refer to slide 4.</p> <p>Requests for detail of LA assessment reports, also the period of time from day of inspection to production of the report.</p> <p>AC – LAA reports are available online at https://www.cqc.org.uk/care-services/local-authority-assessment-reports.</p> <p>Regarding the timeline of reports, it's a very varied picture because of the technical challenges we've had over recent months. Going forward, we'll be able to give a clearer picture in line with KPIs that we're setting.</p>	<p>Alison Chilton</p>
<p>Medicines Management resources</p> <p>Please see slides 5-22 and the attachments Medicines e-learning for ASC; How to use NHS Learning Hub; and MM Education Links and contacts NHS England.</p> <p>Questions followed the presentation:</p> <ul style="list-style-type: none"> • Does CQC acknowledge and support this training against the relevant regulations that are inspected against? <ul style="list-style-type: none"> ○ SH – This training gives us something to refer to and review the quality of the training we're inspecting. We are unlikely to be able to say a service is in breach for not using this checklist, but it does provide some assurance that the training they've got has been through a quality assurance process. • Have these resources been developed with care providers and staff? <ul style="list-style-type: none"> ○ SD – Yes – we've worked closely with care home and domiciliary care providers in the development and review of all aspects. • Have you also worked with care homes and domiciliary care specifically caring for those with complex dementia? <ul style="list-style-type: none"> ○ SD – We've worked with a wide range of providers, though not specifically specialist providers. We are always happy to receive feedback if any elements are not applicable in specialist settings or need additional clarification. All the tools are generic in nature so should hopefully be applicable to most/all adult providers. • Have they included people with dysphagia? <ul style="list-style-type: none"> ○ SD – The Dysphagia guide was developed specifically by experts in that area. That programme was led by dietitians and speech and language therapists. After it was published we recognised the gap around medicines and developed an additional module. • Is there anything in there specifically about PRN (Medication to be given "when necessary" (from the Latin "pro re nata", for an occasion that has arisen, as circumstances require, as needed) 	<p>Simon Hill, CQC, Kate O'Loughlin and Stephen Doherty, NHS England</p>

<ul style="list-style-type: none"> ○ KO – We took a lot of inspiration from the CQC guides that are available online and have tried to mirror the language used within those. In regards to PRN medicines especially for people that are using it for agitation, it's to ensure that staff, the PRN protocol or your PRN care plan details what support should be used before medicines and medicines are the last option. The distraction techniques personal to that person should all be clearly documented, for example. That's detailed throughout the training and checklists <p>KO - If, in using the materials, you find anything is missing we really do welcome feedback and we're always looking to improve the offer that we've got available.</p> <ul style="list-style-type: none"> • MA - We've got challenges in lots of parts of the country where you can't find a community pharmacist willing to consider a monitored dose. They have to be original pharmacy packs because they're so short staffed themselves. So that is a complication that we might not be able to decide what is the best interest of that person because of the shortages of pharmacists. <ul style="list-style-type: none"> ○ SH – Pharmacists are required under the pharmacy contract to make reasonable adjustments for someone and make an assessment if there is a need for self-administration. But if it's for care workers to administer, that's a different thing. If you do find examples of where that's not happening please let us or GPHC know. 	
<p>Care Workforce Pathway Please see slides 23-34 Comments and questions followed:</p> <ul style="list-style-type: none"> • LJ The sad reality regarding progression and recognising building skills etc, is that our members are facing impossible funding and commissioning which means they cannot create meaningful pay differentials. • JC Most providers welcome this but it will only happen if appropriate funding is in place. Commissioning put National Living Wage as the starting point for staff cost which is prohibitive. • MA National Minimum Wage goes up - including for supermarkets - so that we cannot keep up with the external sector market either, let alone provide adequate recognition of higher skills. • How is the Fair Pay Agreement team taking this work into account as they try to develop the scope? (A) DHSC is engaging widely with the sector including through working groups, task and finish groups and public consultation as they work to develop the scope of a Fair Pay Agreement. We are continuing to engage across policy teams to better understand how the Fair Pay Agreement and Care Workforce Pathway might interact. • My question is about the total gap between policy development and implementation across the board for DHSC - this is a great piece of policy work but it cannot be delivered by providers and employees without guaranteed funding - and the FPA is simply an extension of this. DHSC cannot remove themselves from the responsibility of effective implementation and cannot simply reiterate the devolution to MHCLG and LAs argument. It is simply not a tenable position. (A) We are committed to engaging on the design of a Fair Pay Agreement process and want to hear from those who draw upon, work in, and provide care and support as well as local authorities, unions, and others from across the sector. We are keen to ensure that all voices are heard, and that financial impacts on the adult social care market, local government and self-funders are considered. 	<p>Katie Weeks and Kyra Wiseman, DHSC</p>

<p>We intend to run a public consultation with the sector on the design of the Fair Pay Agreement process. We intend to look at how the Fair Pay Agreement process should operate, including the set-up of the negotiating body and how the negotiations could be run. We expect the consultation to run for about 12 weeks, which will allow us to reach as much of the sector as possible. In parallel, we will deliver additional consultation activity to ensure all voices are heard.</p> <p>To enable local authorities to deliver key services such as adult social care, the Government has made available up to £3.7 billion of additional funding for social care authorities in 2025-26, which includes an £880 million increase in the Social Care Grant. The Government has provided an increase to core local government spending power in 2025-26 of up to 6.8% in cash terms.</p> <p>We are building on the work we did last year with 30 Early Adopter social care providers to support early implementation of the Care Workforce Pathway. Skills for Care are undertaking further activity to identify and recruit a new wave of adopting care providers. They will provide practical support to enable participating organisations to identify how the Pathway can be adopted to address their workforce challenges and how to use the resources already developed to make practical, operational changes within those organisations. During this activity, we will gather evidence and insights via Skills for Care's local and regional networks, which will further improve our understanding of the challenges providers are facing around implementation and enable us to respond to and address any issues/barriers.</p> <p>We are also continuing to fund the Learning Development Support Scheme (LDSS) to help care workers build their skills and careers in care. The scheme is backed by up to £12 million during 2025-26, with over 200 training courses and qualifications eligible for funding.</p> <p>Decisions on local authority funding for future years will be made as part of the 2025 multi-year Spending Review and Local Government Finance Settlement processes.</p>	
<p>Esther Provins – an update on our technology</p> <p>When he began in post in December 2024, Julian Hartley commissioned an independent report into our technology. This was published in March 2025 and 23 recommendations were made. The report was notable for the depth and breadth of the recommendations and observations.</p> <p>Functionality of our regulatory platform needs rebuilding from ground up, but the platform we bought can be used to do this.</p> <p>The whole organisation and wider stakeholders must be involved in that process. CQC must proactively nurture the engagement.</p> <p>We must do more internally to ensure we're adopting industry best practice. Cultural shift is needed to support that – the purpose of the CQC Way work.</p> <p>We're writing a data and reporting strategy. Renewed commitment to data strategy.</p> <p>Here and now - hybrid approach for ASC providers - understand the risks and challenges of our workaround solutions.</p> <p>What happens now?</p> <p>At March Board we committed to creating an action plan and taking it back to next public board meeting.</p> <p>Our foundational improvements are key and must be worked on together.</p>	<p>Esther Provins</p>

<p>Last time we did too much at once - we can't do that again. Discussing now the sequencing of activity and work is going on about that. Key is to improve the number and volume of assessments.</p> <p>Esther talked through our current thinking on the timeline for developing our new approach with plenty of space built in for co-design, testing and getting implementation right. We're doing some work to sense-check these timings so will share them formally when ready.</p> <p>We'll also be doing work on revising our data over the next 4-6 months, looking at our internal data provision which we'll do in parallel with an engagement piece around our wider data strategy, which needs to answer the question how collectively can we as colleagues, providers, networks, national bodies across health and care use our data to support improvement in health and care?</p> <p>LJ We spent a lot of time feeding into all of this during the last few years and raised all our concerns - many of which are flagged in this report. what will be different this time round? We need to inspire our members to devote yet more time to this and help again.</p> <p>EP - how do we agree an approach to ensure that we're not asking the same things again and again? We will work on an approach to learn from previous engagement and sense-check back with this group so we avoid some of those concerns and address them.</p>	
<p>AOB</p> <p>Your feedback is requested on a post-inspection provider feedback form.</p> <p>CQC's Adult Social Care Operations group are in the process of looking at the Post Inspection Provider Feedback Form, to enhance its use and purpose.</p> <p>Context:</p> <p>Generally verbal feedback is given during and at the end of the site visit. A PDF written version of the form is then sent to you/registered provider/registered manager and Nominated Individual, when the reviewing of evidence has been completed.</p> <p>Ask:</p> <p>The latest version of the Post Inspection Provider Feedback Form accompanies these notes. We would appreciate your input and welcome your comments about the form.</p>	<p>Mary Cridge</p>

<p>Please send your comments to NationalStakeholderRelations@cqc.org.uk by 27 May 2025. We can then review these and where possible, incorporate any suggestions within the parameters of our regulatory function. This ask is not about the methodology or the current approach to assessment or inspection activity. It is focused on the Post Inspection Provider Feedback Form.</p> <p>Thank you for your help in this matter.</p>	
<p>Close</p> <p>The next meeting will be via Teams on 28 May 2025.</p> <p>Please remember that the meeting invitation now comes from NationalStakeholderRelations@cqc.org.uk. If you've not had this invitation and think you should have, please email Lizzie on the above address to investigate.</p>	

ACTIONS

Action	Action Owner	Status	Due Date
Report back on whether time elapsed can be shown on assessment numbers at this stage.	Lizzie Hardy	In progress	
Share thinking about how to ensure existing feedback has been fed into ongoing work.	Lizzie Hardy	In progress	