

Independent evaluation of the learning disability inspection programme

June 2012

Background

The BBC Panorama programme exposed the shocking abuses and violation of patients' rights and dignity at Winterbourne View hospital. In direct response to this, the Care Quality Commission (CQC) undertook a thematic inspection of 150 services for people with learning disability, mental health needs and challenging behaviour. These were all unannounced inspections.

Up until this themed inspection of learning disability services, we had undertaken one previous themed approach to inspection, which looked at dignity and nutrition across 100 NHS acute trusts in England¹. We were able to build on the learning from these inspections and the approach taken to design and deliver the work.

When we set out our intention to inspect the 150 locations, we established an external advisory group to challenge the approach and focus of the inspection. They also supported the principle that there should be an independent evaluation of the inspection programme in order to determine how the inspection teams and the providers found being part of the process.

We procured two organisations to carry out the independent evaluation. In doing so there was an expectation that both organisations would work together to make sure that the evaluation would be logical and make sense. Additionally we sought feedback from our existing partners Choice Support and the Challenging Behaviour Foundation who provided the experts by experience for this programme of inspections.

Key findings

Evaluation of the experiences of Experts by Experience and professional advisors

We wanted to capture the views of people who used services, family carers (this is what we mean by Experts by Experience) and professional advisors (those who are currently or have had recent experience of working with people with learning disabilities) regarding their involvement in the inspection process. We also wanted suggestions on how we could improve the process and experience for any future inspections involving Experts by Experience and professional advisors.

¹ CQC *Dignity and nutrition inspection programme - National overview 2011*
http://www.cqc.org.uk/sites/default/files/media/documents/20111007_dignity_and_nutrition_in_spection_report_final_update.pdf

Both Experts by Experience groups were brought together with the team undertaking the evaluation at a review day. They also had access to a survey questionnaire, which was either completed on the review day and returned immediately or sent back in pre paid envelopes.

There was a survey questionnaire for the professional advisors. This included the same questions as the Experts by Experience survey but with more detail as there was no face-to-face review day with this group. A sample of the professional advisors, chosen to represent the varying professional groups as far as possible within the time constraints, gave telephone interviews.

Table 1 sets out the numbers of Experts by Experience and professional advisors that we allocated to the inspections and the number of responses from each to the independent evaluation. There were a small number of Experts by Experience recruited but not used, as they were not available for inspections.

Table 1: Experts by Experience, professional advisors and their responses to the independent evaluation

Group	Total number in the inspection programme	Number responding to the evaluation
People who used services	26 (100%)	16 (62%)
Family Carers	27 (100%)	15 (56%)
Professional advisors	51 (100%)	27 (52%)
Total	104 (100%)	58 (56%)

The response rates are significant and would have been higher but for the challenging time line placed on the evaluation process.

Results

The clear and overarching conclusion from all three groups was:

- The experience was positive for those involved. Everyone said that they would be willing to undertake inspections again if asked to do so.
- The groups collectively believed that they had provided significant value to the inspections, and the reports, because they brought another view and challenge to the process.
- All three groups believed that our inspectors had taken their views seriously and the process was not 'tokenistic'.

The supporting detail behind these positive conclusions included:

- The mixed teams enabled more in depth discussions to take place with people in the services.
- Family carers reported how families opened up to them given their shared experiences.
- Experts by Experience were more direct when asking people in the services about their experiences of care.
- Professional advisors were able to take the learning back to their workplace and where relevant set out the case for positive changes based on their observations.
- All three groups said they brought additional insights to the inspections based on their experiences and this is how they defined added value.

How can CQC improve the involvement of Experts by Experience and professional advisors in the future?

There are important lessons for us to learn in order to improve the involvement of these groups. The key points from the evaluation were:

- More preparation and planning time will help team building.
- Tailor and focus pre-inspection training for each of the groups.
- More clarification about the contribution and expectation of what the professional advisors can bring to the process is needed;
- Better planning so the teams can briefly come together at set points during the day of the inspection;
- Facilitate maximum involvement and contribution from all three groups by timetabling for report writing.
- Maintaining on going communication about what we are doing about services where we identified non-compliance.

Conclusions

We were right to include the Experts by Experience and professional advisors in this particular thematic inspection programme. There were challenges to the recruitment and training process because we needed to put the programme together within a tight timetable. This influenced team planning, preparation and discussion before the actual inspections. However, the lead inspectors effectively managed this.

All three groups concluded that their involvement had added value because it brought a depth to the assessment. They also believed that the reports accurately reflected their input based on their observations and discussions with those in the service. There was unanimity that if asked to do so they would participate in future CQC inspections.

Key findings

Evaluation of the experiences CQC inspectors

The external advisory group for the inspection programme were explicit that we should include the inspectors in the formal independent evaluation to make sure that there was a complete picture about the effectiveness of the approach.

The inspection team of 18 were drawn together and trained specifically for this programme. Staff were asked to express an interest and the decisions about which inspectors were approved was made by the regional directors. All but one of the staff had some experience of learning disability and mental health services, although for many that was some time ago. The inspectors were all experienced with 93% of them having been an inspector for 10 years or longer.

The method for capturing the views of the inspectors was a survey questionnaire and a follow up in depth interview with three of the inspectors. All 18 inspectors were emailed the survey and 14 (78%) responded. The four members of staff who did not respond were on leave at the time of the survey and given the tight timescales to complete the evaluation had no opportunity to submit their responses.

Results

The inspectors all reported that the use of Experts by Experience and professional advisors added value to the process. The input from the Experts by Experience in particular added insights and it was the inspector's view that their presence brought a greater openness from the providers, people in the services and family carers. The inspectors respected the professional advisors input which they also thought added value given their current experiences in learning disability service commissioning or provision.

They were particularly positive about the two-day inspections as this made sure there was enough time to observe care and talk to people in the services, accommodate the size of the teams and to prepare for meetings or telephone interviews with family members.

How can CQC improve the processes for future thematic inspections?

The inspectors' responses about the lessons learned were in two categories. These were categorised around the external facing issues of working as part of a team and the internal facing issues about quality assurance of the data and report writing.

The external facing issues included:

- More time to plan and prepare for the inspection with the Experts by Experience and professional advisors.
- Make time in the inspection process for both Experts by Experience and professional advisors to attend the feedback session for the providers.
- Improve training programme by accommodating smaller group sessions and scenario planning for the visit.

The organisational improvements that inspectors identified were:

- Improve levels of administrative support for booking locations and setting up 'team meetings' prior to the inspection.
- Provide a tool kit of the approaches to gather evidence for this particular care group in these care settings.
- Slightly longer reflective periods needed between completion of the inspection and writing of the report.
- Improve communication about challenges to inspection judgements made through the internal quality assurance process.
- Increase access to specialist support for the preparation of easy to read versions of the inspection reports.

Conclusions

Many of the positive findings reported by our inspectors mirror those reported by the Experts by Experience and the professional advisors. Our inspectors welcomed their input and described how it added value by opening up the process.

The inspectors identified the same challenges as the Experts by Experience and professional advisors. The improvements suggested included time for better planning, preparation and team building. There will be a review of the internal administrative and quality assurance processes as a result of this evaluation. Other thematic inspections, currently being planned, have benefited from a longer lead in time and with that, the opportunity to take account of the lessons learned from this thematic programme.

Key findings

Evaluation of the experiences of the process from the care providers' perspective

The views of the care providers for this programme are an important part of understanding the effectiveness of the process. When the evaluation started, we had not yet concluded the inspections across all 150 locations in the sampling frame and so the sample number was 115 services.

The method for capturing the views of the care providers was a survey questionnaire and a follow up in depth interview with three of the service providers. All 115 services were emailed the survey but only 15 (17%) responded. This compared to all the other response rates was disappointing given the opportunity for providers to shape our approach to thematic inspections. It is not entirely clear why the response rate was so low, particularly given the high rates of non-compliance identified through the inspections process.

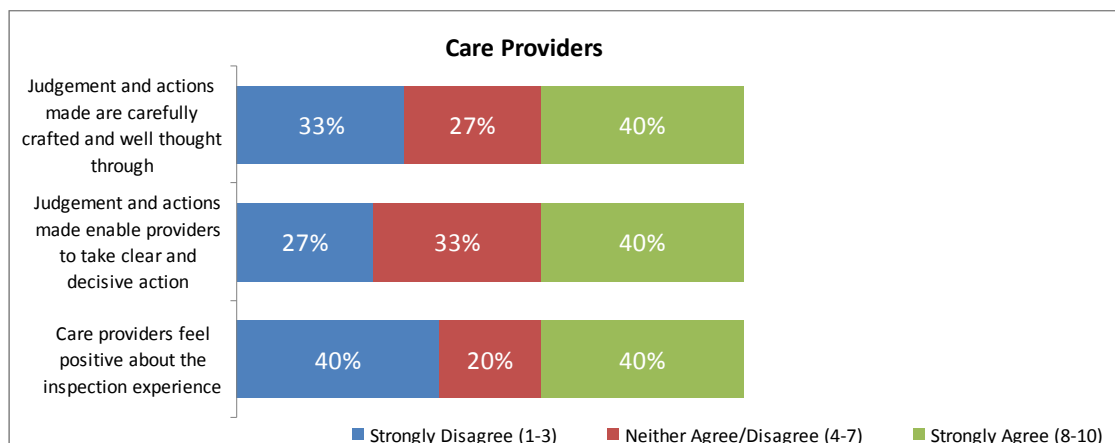
Results

The providers had high praise for the courteousness and professionalism of the team. Providers described the general attitude of the teams to be respectful of the provider and understanding of the unique services offered. They also welcomed the inspection method, which meant that the teams spent most of the visit communicating with people who use services, carers and frontline staff.

Providers also appreciated that the inspection gave additional value to their organisation because of the external impartial assessment and that the subsequent report was the platform for driving improvements.

Of the providers who did respond, N = 15, there was an equal balance of those who rated the experiences as positive and negative. Figure 1 set out the responses to the relevant survey questions.

Figure 1 Overall Rating of the Inspection Programme by Providers



How can CQC improve the processes for care providers?

The vast majority of the care providers did not suggest further improvements but those that did cited the following issues, which are shown in Figure 2.

Figure 2: Top mentions by providers for improvement in CQC inspections

Top Mentions
More experienced/knowledgeable inspectors
More interaction/communication with staff/inspectors
Better and prompt written/verbal feedback of inspection
More consistency in the judgement framework

Conclusions

Care providers generally rated all aspects of the inspections positively although there is scope to improve the communication and feedback given by our inspectors during the course of the inspection.

Most providers found the size of the inspection teams acceptable and were content with the mix of Experts by Experience and professional advisors but some providers did comment that the teams were large in number.

The majority of providers agree with the findings and judgements in the final reports but some providers wanted clearer direction for quality improvement despite the fact that this is not the role of the regulator.

Overall conclusions from the evaluation of Experts by Experience, professional advisors, CQC inspectors, care providers and next steps

The inspection process was seen as an effective and important response to the abuses that were exposed at the Winterbourne View hospital. There was a consensus that the involvement of Experts by Experience and professional advisors added value to the process because it added depth and breadth to the assessment. The model is one that will benefit from better preparation, planning and training so that there is more effective team building before the inspections commence.

We have a number of thematic inspections in progress and the findings of this independent evaluation will now feed into that on going planning work. The results will also be considered as part of our strategic review when the formal consultation begins later in 2012.