

Council, 7 February 2013

Winterbourne View Hospital – Guidance on CPD, qualifications and clinical supervision requirements

Executive summary and recommendations

Introduction

At its meeting in September 2013, the Council received a paper from the Executive about the recommendations made by South Gloucestershire Safeguarding Adults Board in its serious case review on the abuse of patients at the Winterbourne View hospital.

The Council agreed to instruct the Executive to begin initial discussions with the Care Quality Commission about the recommendations. This paper provides an update about developments in this area, including plans to produce guidance to meet the serious case review recommendations.

Decision

This paper is to note; no decision is required.

Background information

- Council paper, 18 September 2013 (enclosure 07)
<http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=609>

Resource implications

- Attendance at CQC convened workshop
- Writing / providing input into guidance

Financial implications

- There are no financial implications

Appendices

- None

Date of paper

28 January 2013

Winterbourne View Hospital – Guidance on CPD, qualifications and clinical supervision requirements

1. Introduction

- 1.1 In August 2012, South Gloucestershire Safeguarding Adults Board published its serious case review into the abuse of patients at the Winterbourne View hospital for adults with learning disabilities and autism.¹
- 1.2 The recommendations included recommendations for the Care Quality Commission (CQC), the regulator of health and social care services in England, to work with the HCPC and other stakeholders on developing guidance for service providers.
- 1.3 Since the Council paper in September 2013, the HPC has met at various levels with the CQC about progressing these recommendations. The Department of Health has also published its response to the serious case review.²
- 1.4 This paper updates the Council on developments in this area, including on-going work to develop guidance to meet the serious case review recommendations. Please note that the policy developments described in this paper apply to England only. The delivery of health and social care services and the regulation of these services is a devolved matter.

2. Recommendations

- 2.1 The serious case review made the following recommendations relevant to the role of the HCPC.
- 2.2 The following recommendations were made.

‘The Care Quality Commission should collaborate with the Health (and Care) Professionals Council [sic] , plus the Sector Skills Councils for both Health and Care, in providing advice and guidance on the qualifications and continuing professional development requirements for Registered Managers and for the practitioners they supervise. It is of concern that managers registered to operate services across residential, nursing home, hospital and home care, are not required to be distinct registered professionals individually accountable through a governing body and code of ethics.’ (Page 137)

¹ South Gloucestershire Safeguarding Adults Board (2012). Winterbourne View Hospital – A Serious Case Review.

www.southglos.gov.uk/Pages/Article%20Pages/Community%20Care%20-%20Housing/Older%20and%20disabled%20people/Winterbourne-View-11204.aspx

² Department of Health (2012). Transforming Care: A national responses to Winterbourne View Hospital
Department of Health (2012). DH Winterbourne View Review – Concordat: Programme of Action
www.dh.gov.uk/health/2012/12/final-winterbourne/

'The CQC and Health Professions Council should work together to describe in guidance what effective systems of clinical supervision look like in hospitals for people with learning disabilities and autism. The guidance should identify the roles of registered managers and nominated individuals in developing such systems in practice.' (Pages 141-142)

3. Department of Health response to the serious case review

- 3.1 The Department of Health's ('the Department's') response to the serious case review promised 'fundamental change' to the way in which care and support services for children, young people and adults with learning disabilities, autism and mental health conditions is commissioned, delivered and regulated in the future.
- 3.2 The Department's programme of action includes a series of measures to move provision of care for these vulnerable client groups away from long stay hospital facilities (of the type delivered by Winterbourne View) towards community care, which better accords with national guidance and good models of care.
- 3.3 The Department's narrative report concludes that the abuse at Winterbourne View highlighted that 'there are too many front-line staff who have not had the right training and support to enable them to care properly for people with challenging behaviour'. The role of the CQC in taking enforcement action against service providers who do not have processes in place to ensure sufficient levels of properly trained staff is noted in the actions, as is the recently concluded Skills for Care and Skills for Health project to develop a code of conduct for healthcare support workers and adult social care workers.³
- 3.4 The programme of action identifies a number of actions for the CQC including the following.
 - Using its regulatory powers to ensure that providers have regard to national guidance and good models of care. (For example, ensuring that a provider is not registered to offer a long stay hospital service for a type of care where evidence is that community based support is preferable.)
 - Unannounced inspections of providers of learning disability and mental health services. Inspections are to be targeted at sectors of care provision on the basis of vulnerability and risk for different service user groups.
 - The CQC requires a statement of purpose on application for provider registration, which sets out the provider's aims and objectives; the healthcare needs it intends

3

www.skillsforcare.org.uk/qualifications_and_training/Minimumtrainingstandardsandcodeofconduct/Minimum_training_standards_and_code_of_conduct.aspx

to meet; the services offered; and the location of those services. The CQC will in future assess whether the care provided and length of stay is aligned to this statement and if it is not, take enforcement action to change the services or the statement.

4. About registered managers and nominated individuals

- 4.1 The recommendations (see section two) refer to guidance for ‘registered managers’ and ‘nominated individuals’.
- 4.2 The CQC model operates on the basis of regulated activities which are specified in law. A service provider performing one of these activities has to be registered with the CQC. For example, this includes personal care; treatment of disease, disorder or injury; and surgical procedures.
- 4.3 All service providers registered by the CQC must have a registered manager for each of the regulated activities they carry out – that is a named manager who is responsible for the day-day-day supervision of each regulated activity carried out at that locality. For this reason, one person may be the registered manager for more than one regulated activity; or there may be more than one registered manager at the locality.
- 4.4 Applicants for registration are CRB checked and have to provide information related to their job and experience. The CQC makes a ‘fitness’ assessment, including that the person has the qualifications / skills necessary to manage the regulated activity. If they are a registered manager for more than one location, or for more than one service provider, they also make an assessment about whether such arrangements are realistic. The assessment process may include an interview.
- 4.5 The registered manager arrangements do not mean that everyone who performs a management role for the service provider will be registered with the CQC – only the person responsible for the regulated activity has to register. Registered managers could include individuals who are already regulated by one of the statutory regulatory bodies (e.g. occupational therapists or nurses).
- 4.6 Nominated individuals are individuals who act as the main point of contact between the service provider and the CQC. They are individuals who have responsibility for supervising the management of the regulated activity or activities delivered by a service manager. They need to be an employed director, manager or secretary of the organisation. They could also be a registered manager.

5. Developing guidance to meet the recommendations

5.1 The Executive has met the CQC about progressing the recommendations of the serious case review. The CQC is keen to progress these as part of fulfilling its wider programme of action following the review.

5.2 The following has been agreed.

- Two pieces of guidance would be produced.
 - Guidance on qualifications and continuing professional development requirements for registered managers (and nominated individuals) and for the practitioners they supervise.
 - Guidance on effective clinical supervision in hospitals for people with learning disabilities and autism.
- The CQC will lead the development of guidance, with input from the HCPC and other stakeholders as appropriate.
- The CQC will convene a stakeholder workshop as part of the development process. It is planned that this will be chaired by Anna van der Gaag, HCPC Chair.
- The guidance will be signed off both by the CQC and the HCPC. It is currently anticipated that the Council will be asked to consider this at its meeting in May 2013.

5.3 The CQC have begun to scope the content of the guidance and the Executive is providing input. For example, issues that have been flagged include whether the guidance on supervision should also include managerial supervision; and whether such guidance might be applicable to other settings beyond services provided to people with disabilities and autism.

5.4 The Council will be kept updated about this work via the Policy and Standards Department report, part of the Chief Executive's report.