**Note – CQC are planning a new three year plan and set of objectives from April 2021** '**Diversity and Inclusion strategy** - **Our Inclusive Future**' *which sets out***their** *ambitions and journey to help achieve their vision of being a truly***inclusive***organisation where all of are valued, can thrive and make a difference… So there will be some adjustments soon..*

**Appendix 2 - Care Quality Commission (CQC) Approach to Equality and Human Rights**

The Care Quality Commission is the independent regulator of health and adult social care in England who work to ensure that services are safe, effective, caring, responsive and well-led.

**What is the CQC’s role for this agenda?**

The Care Quality Commission’s role is to ensure that the NHS provides people with safe, effective, compassionate, high quality care, and encourage improvements.

To achieve this, the CQC carry out a programme of unannounced inspections and enforcement across the NHS and publish reports about the quality and safety of services including performance ratings. In the process, they involve those who use NHS services, families and carers and focus on **human rights, equality and diversity**.

See the latest reports here for:

Luton and Dunstable Hospital: <https://www.cqc.org.uk/location/RC971>

Bedford Hospital: <https://www.cqc.org.uk/location/RC110>

**CQC Strategy**

Find out more about the CQC’s people approach in their strategy documents:

## CQC Current Strategy “Shaping the Future” for 2016-2021 <https://www.cqc.org.uk/sites/default/files/20160523_strategy_16-21_strategy_final_web_01.pdf>

## CQC’s next Strategy from mid-2021 onwards is currently under consultation. <https://www.cqc.org.uk/news/stories/cqc-launches-strategy-consultation-%E2%80%93-we-want-hear-what-you-think>

**CQC Equality Objectives until March 2021[[1]](#footnote-1)**

## CQC Current Objectives until March 2021 are here:

## <https://www.cqc.org.uk/sites/default/files/20190408_new_equality_objectives_2019-2021_FINAL_web_accessible.pdf>

## CQC has had the same 5 key objectives for the last 6 years but with different target areas, actions and outcomes:

## Objective 1: Confident with difference: Person-centred care and equality

##  This is about confidence with difference for both CQC inspectors and providers so that protected characteristics are considered in ensuring care needs are met and for understanding and addressing health inequalities. Past focus has been for LGBTQ who use mental health inpatient services, those who have dementia in acute hospitals and older BME and using GP practices

## Objective 2: Accessible information and communication

## This is about ensuring that the NHS Accessible Information Standard (*see our Appendix 6 Briefing paper*) has been adopted, embedded and is working well. So that disabled people’s healthcare needs and rights are met because their information and communication needs are met. Also that services take a person-centred approach and proactively engage with disabled people to do this.

## Objective 3: Equality and the well-led provider

## This is about the importance of good workforce equality practice and inclusive leadership. It also recognises the inter-dependency of good patient and workforce experiences.

## This includes performance on the Workforce Race and Disability Equality Standards (WRES/ WDES) and CQC having Equality Inspection Champions. Also embedding the new Equality Delivery System 3 (EDS3) to develop their equality programmes within CQC regulation.

## Objective 4: Equal access to care and equity of outcomes in local areas

## Equal access to pathways of care – for instance, ensuring health inequalities and barriers to services are reduced (e.g. for migrants, asylum seekers or Roma people). People in health care often need more than one service or a ‘care pathway’.

## Some equality groups may have difficulty accessing a service or pathway which can lead to poorer health outcomes for them. These access issues and outcomes need tackling within local systems. E.g. longstanding access issues to preventative mental health services for some BME groups which may contribute to higher rates of compulsory detention under the Mental Health Act for some.

## Objective 5: Continue to develop a diverse CQC workforce with equal opportunities for everyone and a culture of inclusion

## This may be seen as a more of an internal objective for CQC, but the diversity of CQC, its performance and example, also influences best practice and gives a better quality of inspection service. For instance CQC participation in the national WRES experts programme, or the Stonewall Index for LGBTQ staff equality, and starting a carer network and a gender equality network etc.

## CQC “Equally outstanding – Equality and Human Rights good practice resource”

## This covers “*how can a focus on equality and human rights improve the quality of care in times of financial constraint?”*

##  <https://www.cqc.org.uk/sites/default/files/20170913_equally_outstanding_ehr_resource_1.pdf>

## CQC Human Rights approach for Health and Social Care Services:

## You can find out more about CQC’s people principles in their document called:

## Human Rights approach for regulation of Health and Social Care Services:

## <https://www.cqc.org.uk/guidance-providers/all-services/our-human-rights-approach>

## <https://www.cqc.org.uk/sites/default/files/20200922_Our_human_rights_approach_post_consultation_document_FINAL_WEB_accessible.pdf>

## The list below is the CQC’s working definitions of each of their Seven Human Rights Principles for inspection:

## Fairness – people who use services and people acting on their behalf have access to clear, fair processes for getting their views heard, for decision making about care and treatment and to raise and resolve concerns or complaints.

## Respect – people who use services are valued as individuals, listened to, and what is important to them is viewed as important by the service. People acting on behalf of others, such as family or friends are also valued and listened to.

## Equality – people who use services do not experience discrimination and have their needs met, including in terms of age, disability, gender, race, religion and belief, sexual orientation, transgender and pregnancy and maternity status. Including the needs of those who may experience multiple discrimination or disadvantage on more than one ground.

## Dignity – people who use services are always treated in a humanitarian way – with compassion and in a way that values them as a human being and supports their self-respect, even if their wishes are not known at the time.

## Autonomy – people who use services can exercise the maximum amount of choice and control possible – in care planning, individual care and treatment, service development, in their relationships with others such as family and friends and as citizens beyond the health and social care services that they are using. Autonomy covers the concept of ‘personalisation’ of care.

## Right to life – people who use services will have their right to life protected and respected by the health and social care services that they use. This means that such services will fulfil their obligation to protect the right to life, to refrain from unlawfully interfering with the right to life, and carry out an effective investigation if a person dies, e.g. while in the care of a public authority. This means that these services will fulfil their obligation to protect the right to life.

## Staff rights and empowerment – staff working in health and social care have their human rights protected and respected, including being encouraged to freely speak up about concerns and have these considered, being free from unlawful workplace discrimination, harassment, bullying or violence and being supported and empowered to promote the human rights of people using their service.

## Skills for Care also advise on What CQC look for in inspections and how these take place during Covid Restrictions <https://www.skillsforcare.org.uk/CQC-provider-support/Delivering-good-and-outstanding-care/Delivering-good-and-outstanding-care.aspx>

## CQC Inclusive Health - Discrimination on other grounds

## CQC also considers factors such as being homeless, in poverty, long-term unemployed, working in stigmatised occupations (e.g. sex industry worker), misuse of drugs, having limited family or social networks or being geographically isolated.

## See Inclusion Health document published by Department of Health in 2010 <https://www.gov.uk/government/publications/educating-health-professionals-to-support-vulnerable-groups>)

**Mental Health Focus** – A key focus for the CQC is on services where people are in vulnerable circumstances, such as in services caring for those with learning disabilities, or mental health issues. These are inspected more frequently to ensure that the NHS is giving mental health the same level of importance as physical health.

**The CQC will basically look to see that services are:** well led, with an open and transparent culture that is backed up by effective leadership, governance and clinical involvement. That services are putting people first, protecting their rights and enabling speaking out without fear. Also that services are improving awareness and understanding among people who are choosing, researching or receiving care especially for those who are rarely heard.

**CQC use 5 key questions or “domains” in inspections which are:**

**Is the service safe, effective, caring, responsive and well led?**

**In terms of Human Rights and Equality CQC consider then the following:**

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| 1. **Is the service safe? - Are people are protected from abuse and avoidable harm?**

**Topics considered:** * Safeguarding protects human rights through dealing with abuse that impacts on equality and human rights, involving people using the service appropriately, balancing risk and autonomy and applying Deprivation of Liberty safeguards
* Participation and feedback from people who use services in safety issues
* Avoidable harm and restrictive practice that impacts on human rights

**Areas considered*** Does assessment of levels of harm include experience of people using services and carers
* How is discriminatory abuse dealt with
* How is abuse that impacts on dignity dealt with (e.g. neglect) Environmental safety and service safety factors which impact on dignity (e.g. cleanliness).
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| 1. **Is the service effective?**

**Does peoples care and treatment achieve good outcomes, promote a good quality of life and is this evidence based where possible?****Topics considered:** * Informed consent including use of Mental Capacity Act and reasonable adjustments – to ensure fairness and respect
* Equality and human rights aspects of care and treatment in decisions by professionals
* Factors in effective delivery of care and treatment which contribute to dignity and autonomy

**Areas considered:** * Is there unlawful discrimination in care and treatment decisions
* Are reasonable adjustments in place to enable consent to processes.
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| 1. **Is the service caring?**

**Do staff involve and treat people with compassion, kindness, dignity and respect?****Topics considered:** * The impact of the actions and behaviours of individual staff / staff teams on fairness, dignity, respect, equality, autonomy and the right to life for people using their service

**Areas considered:** * Do Individual staff avoid discrimination, do staff respond to diverse needs (e.g. for community contact and relationships, communication needs, culture).
* Do staff involve people using the service who lack capacity/ their representatives in their own care.
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| 1. **Is the service responsive?**

**Are services organised so that they meet people’s needs?****Topics considered:** * Planning and organisation of services to deliver appropriate care for people in all equality groups and for others who may receive not receive the same quality care unless their needs are specifically considered
* Ensuring people’s human rights are upheld when their needs change
* Service organisation and arrangements which respond to human rights issues for individuals beyond care delivery – such as responding to complaints and maximising people’s independence and citizenship

**Areas considered and assessed:** * Is there a complaints process and effective action on individual complaints
* Is there due regard to equality groups when planning services
* Are barriers in service access addressed
* Are patients’ cultural, ethical and spiritual needs assessed
* Is care appropriate to patients in relation to age, disability, gender, race, religion, sexual orientation, gender reassignment including reasonable adjustments, environmental accessibility, support services (e.g. interpreting, catering, spiritual support
* Are reasonable adjustments made for disabled people using the service, in line with legal requirements
* Does the service have an appropriate focus on finding out and meeting the needs and wishes of people with a learning disability or those lacking capacity
* Is there availability of single sex accommodation and a choice of gender for the person providing care and treatment where required
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| 1. **Is the service well-led?**

The leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.**Topics considered:** * Embedding EDHR into organisational culture and strategy
* Leadership oversight and modeling of equality and human rights
* Participation of people who use services and frontline staff in service and organisational development and change
* Upholding EDHR for staff

**Areas considered and assessed:** * Organisation vision and values include key human rights
* Leadership oversight for services
* of the involvement of people who use services their carers in shaping vision, values, culture, strategies and in service design / improvement
* that people’s rights are protected through Mental Health Act responsibilities
* that views of people using the service make a difference to the way that services are delivered
* Leadership modeling and oversight of
* Respect, dignity and compassion, equality
* organisational values / culture development around EDHR
* organisational values / culture development around dignity or compassion
* response to frontline views
* Leadership for staff
* modeling and oversight of staff safety including preventing and managing any bullying and harassment
* Compassion towards staff including staff well- being initiatives
* Work to ensure equality for staff
* Empowerment of staff to provide flexible, person-centered services which uphold people’s rights
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1. New Strategy and objectives are due soon [↑](#footnote-ref-1)