



ADASS response to the CQC consultation “Recognising excellence in adult social care”

ADASS

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, including the safeguarding of vulnerable adults, ADASS members often also share a number of responsibilities for housing, leisure, library, culture, arts, community services, and increasingly, Children’s Social Care within their Local Authority.

ADASS welcomes the opportunity to comment upon the proposed Excellence Scheme and the close working with the Care Quality Commission in seeking improvements across the adult social care agenda to benefit individuals, their carers and families, and the wider community.

Summary of key points:

ADASS fully supports and practices the principles of putting the customer at the centre (as articulated in the Coalition's Programme for Government which stated "*Wherever possible, we want people to call the shots over the decisions that affect their lives... We will extend transparency to every area of public life... Our Government will be a much smarter one, shunning the bureaucratic lawyers of the past and finding intelligent ways to encourage, support and enable people to make better choices for themselves*") and ADASS welcomes any development which provides clear, consistent, current and accessible intelligence and information that enhances the ability of the individual (and commissioner) to make timely and informed choices.

However, ADASS is concerned that these proposals will not deliver these ambitions. These concerns are summarised as follows:

- Firstly, there is no evidence to demonstrate that providers will actually apply for this excellence award.
- Secondly, with no "granularity" of quality being awarded to providers not prepared to pay extra fees to participate, a two-tier system would emerge, restricting individuals (and commissioners) in not being able to distinguish these providers beyond the "essential standards".
- Thirdly, the proposals are likely to add additional burden with demands upon providers in the future coming from CQC as regulator (and Monitor as the financial regulator) local authorities as commissioners and the Excellence Scheme itself. Consequently it increases the importance of getting real time information sharing working effectively – so that any duplication in assurance can be minimised.
- Fourthly the proposals will be asking providers to pay for something which was previously provided as part of their registration fee, by way of quality ratings. This will impact on local authorities as both providers and commissioners – increasing costs on both fronts.
- Finally, ADASS notes that the organisation(s) selected to administer the proposed excellence scheme must have the right skill mix to be able to assess to a set of excellence standards and this will have to be a combination of social care and health based standards. They would also have to be competent and knowledgeable about the essential standards and be able to identify potential risk, alongside also having the right set of skills and capacity to engage with "service users" carers and families in a meaningful way.

In response to these concerns and the sense that these proposal are not sustainable, ADASS seeks reassurances and commitment from the providers themselves to respond to the challenges and opportunities to provide meaningful, clear, consistent and accessible information and intelligence about standards and performance and ADASS welcomes the ongoing relationship with providers (channelled through Think Local Act Personal) to address this challenge.

Question 1: “Do you agree with our proposed design principles that say our excellence scheme should be:

a) Focused on outcomes for people who use services?

- Any measure of outcomes needs to be aligned with the Integrated Outcomes Framework to ensure consistency and transparency.

b) Useful to people making choices and commissioning decisions?

- We are concerned that the Excellence Scheme is based upon an “opt-in” system and there is no granularity of quality assessment for those providers not participating in the scheme. This will restrict the extent of intelligence to enable people to make choices and commissioning decisions.

c) Based on evidence from people who use services?

- This approach is welcomed but without details regarding how “service users” will be engaged in the process, it is difficult to comment upon the robustness of the approach. It is important that the approach is fully transparent, consistent and equitable to ensure service user, carer or family comments are truly reflective and current.

d) Fair for all regulated adult social care providers?

- We note that the excellence scheme is based upon an opt-in system which can marginalise providers not participating in the scheme.

e) Supported by the sector and aligned with other improvement drivers?

- ADASS supports sector-led improvement and welcomes co-working with CQC in developing this approach. However, the lack of granularity in the quality assessment for those providers not participating in the excellence scheme restricts the amount of leverage to encourage and work with providers to extend the quality of their services and support beyond “essential standards”

f) Robust and consistently applied?

- The focus upon outcomes rather than outputs creates consistency and robustness, but balancing provider’s ability to meet service user’s expectations against resource restraints will make the subjective distinction of excellence sometimes difficult to measure.

g) Stable?

- The extent by which consistent methodology and definitions is applied is critical to the public credibility of the scheme

h) Linked to compliance?

- This is critical

Question 2 “Are there any other principles that we should consider?”

- **Value for money:** This is a critical factor, especially considering the current financial climate and the outcome of the Dilnot report.

Question 3 “Do you agree that SCIE’s definition is an accurate description of what excellence looks like in adult social care?”

a) Do we need to add anything?

- The guidance notes that “No service can meet these standards for all people all of the time... due to limitations of resources in their broadest sense – staffing, money, time and so forth” and within the context, the distinction of excellence will be driven by some extent by subjective judgements. This is widely acknowledged as challenging and may open the scheme to adverse comment
- it is imperative that there is a link to the personalisation agenda and in particular an emphasis on enablement/ enabling people, particularly through timely preventative advice, guidance, information and support to ensure that service users can enjoy quality of life and independence
- In order for people’s needs to be met in the way that they want them met (supporting increased choice and control), it may be that support will need to be provided by more than one organisation. The excellence standards need to reflect this close collaboration and coordination by providers.

b) Do we need to make any changes to distinguish excellence from the essential standards?

- No

c) Is the definition achievable for providers of all sizes?

- No comment.

Question 4 “What changes are needed to make sure the definition works for domiciliary care services?”

- The essential standards need to reflect the success of domiciliary care services in enabling individuals, linking to community support and services and providing individuals with information, advice and guidance to support them in all aspects of their life.

Question 5 “Are there particular issues we need to be aware of in relation to other services, for example, for:

- a) People with mental health problems?**
- b) People who misuse drugs or alcohol?**
- c) People with learning disabilities?**
- d) Older people, including people with dementia?**
- e) Any other service?**

- Accessibility and engagement of service users, their families and carers with the process is critical.
- The scheme must be able to distinguish the balancing between the ability to meet personal outcomes against the availability of resources and any issues regarding safeguarding vulnerable adults and capacity

Question 6: “What evidence or information could be used to demonstrate excellence in each of the four areas outlined by SCIE?”

- a) Choice and control?**
- b) Good relationships?**
- c) Spending time purposefully and enjoyably?**
- d) Service and organisational factors?**

- ADASS welcomes the application of measures as described in the Integrated Outcome Framework, and which are still subject to development, particularly the application of the “three wishes” outcome measure to truly reflect the user (and carer) voice in articulating achievement towards personal outcomes.

Question 7 a) “Do you agree that services should be offered pre-assessment screening?”

- Agree. It is important that the criteria should be clear, consistent and comprehensive.
- No charge should be made at the pre-assessment stage
- It is suggested that any pre-assessment should identify areas of non-compliance and associated costs to rectify this,
- Clarity is required to specify the use of the pre-assessment “score”, particularly where a provider does not then pursue the excellence scheme option.

Question 7 b): “What criteria or information could be used as part of pre-assessment screening (in addition to evidence of compliance with essential standards)?”

- No comment

Question 8 “Do you agree that excellence awards should be limited to two years, after which a provider would need to apply to be reassessed?”

- Generally support frequency of two years, but it is critical that risk factors and user feedback is monitored over this interval and that the assessment organisations have the skills to do this.
- Clarity is needed as to whether there would be a renewal charge.

Question 9 “Should excellence awards be suspended or removed:

a) If we are taking enforcement or compliance action for noncompliance with essential standards?

- Agree

b) For any other reason?

General Points re Question 9

- It is critical that there are clear and transparent criteria for any suspension or removal action. The prompts for any review of a service’s excellence award must also include the change of owner and safeguarding issues
- The assessment organisations must be able to recognise risks and act within appropriate timescales and it is important that actions must be “swift” ensuring the public and relevant authorities/partner organisations are fully aware of the “status” of the provider.
- In addition, there has to be a mechanism to allow a right to challenge, both for the providers and also for people using the services.

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