‘CQC Consultation: A New Start -changes to the way CQC inspect, regulate and monitor care services’

Response from the Association of Directors of Adult Social Services

Background

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, ADASS members often also share a number of responsibilities for the commissioning and provision of housing, leisure, library, culture, arts, community services and increasingly, Children’s Social Care within their Councils.

Overall Comments

ADASS clearly welcomes the overall approach set out in this consultation and in particular the move to a more differentiated regulatory approach in response to a dynamic and varied health and social care provider market. ADASS welcomes the proposals of CQC inspecting and regulating different services in different ways with a change away from generalist inspectors and welcomes the significance of reintroducing ratings to help individuals compare services and to highlight where care is good or outstanding as well as ensuring that services meet the basic “fundamentals of care”.

However ADASS notes the principles of personalisation is not very visible and it would be useful for Think Local Act Personal (TLAP) partnership to have future involvement in shaping the regulation of health and social care to ensure standards reflect the driving imperative of personalisation alongside health and wellbeing for individuals.

Specific Comments

1. **What do you think about the overall changes we are making to how we regulate? What do you like about them?**

As above, in general ADASS welcomes the changes, particularly the development of specialisms and ratings. However:

- **The personalisation agenda needs to be more visible in these proposals.**
- More emphasis should be placed on services achieving good outcomes for individuals (service users and carers), and monitoring that individuals themselves are actively involved in their care and active in determining how far the system has achieved what they want.
- The governance section should also include effective working with partner organisations.
- There should be a stated expectation that the CQC itself and service providers and commissioners are open in sharing information that would improve the care and safety of the individuals they serve. This should include 'soft intelligence' relating to safeguarding risks.
- The consultation document does not contain any information on how CQC is going to work with Safeguarding Adults Boards. The relationship has been inconsistent across the country and further work is required to reach agreement on the CQC's role and a consistent approach to all Safeguarding Boards.

2. **Do you agree with our definitions of the 5 questions we will ask about quality and safety (is the service safe, effective, caring, responsive and well led)?**

ADASS agrees with these questions and specifically that safety should be the first fundamental question asked of services. However the principles of self -directed support and self-determination, that are fundamental to the personalisation agenda, do not come out clearly enough in any of the definitions of the questions provided.

In addition sexual and financial harm should be added to the definition of 'what we mean by safe' and ADASS welcomes the opportunity to work with the DH to refine these definitions.

3. **Do you think that any of the areas in the draft fundamentals of care should not be included?**

ADASS agrees that all areas are relevant and should be included.

4. Do you think there are any additional areas that should be fundamentals of care?

ADASS proposes that "treating people with dignity" is included as a fundamental of care. This is an important distinction and a clear safeguard for the protection of individuals (as noted by the Commission for Improving Dignity in Care) as well as being critical to the promotion of improved individual health and wellbeing outcomes.

5. Are the fundamentals of care expressed in a way that makes it clear they have been broken?

ADASS noted that the "fundamentals of care" are clearly expressed, avoiding any ambiguity.

ADASS is also pleased to see the statement that there will be an 'immediate and serious consequences for any provider whose service falls below them (fundamentals of care), including prosecution. ADASS hopes that this will address the significant proportion of providers that are reported as failing to meet the national Essential Standards (28% in the June 2012 report) and it will enable council teams to then better focus on safeguarding concerns, confident that care standards are more consistently dealt with through the regulator.

6. Do the draft fundamentals of care feel relevant to all groups of people and settings?

ADASS agrees that the" fundamentals of care" are relevant / critical to all groups of people and settings., establishing an absolute "guarantee" of good care for all individuals wherever they are in the health and care system.

Ratings

11. Should the rating seek to be the 'single, authoritative assessment of quality and safety'? Although the sources of information to decide a rating will include indicators and the findings of others, should the inspection judgement be the most important factor?

ADASS notes that the proposed ratings will provide assurances on quality and safety for individual, but (council) commissioners should retain the flexibility to weigh the proportionality of other factors in shaping their commissioning decisions.

12. Should a core of services always have to be inspected to enable a rating to be awarded at either hospital or trust level?

ADASS view is that inspection should be necessary to warrant a rating.

13. Would rating the five key questions (safe, effective, caring, responsive and well-led) at the level of an individual service, a hospital and a whole trust provide the right level of information and be clear to the public, providers and commissioners?

ADASS notes that transparency is key and that individuals would expect / require assurances on the specific services they receive as an absolute minimum, but equally assurances on the wider services (i.e. hospital or whole trust) are important to the whole local population.

14. Do you agree with the ratings labels and scale and are they clear and fair?

ADASS agrees that the proposed ratings labels and scales are clear and fair.

15. Do you agree with the risk adjusted inspection frequency set out which is based on ratings, i.e. outstanding every 3-5 years, good every 2-3 years, requires improvement at least once per year and inadequate as and when needed?

ADASS notes that the detailed proposals for ratings are only set out in relation to the NHS Acute Sector. However if similar principles were proposed in the (adult) social care sector anything above an annual statement is too long, particularly in the residential care sector where managers and even owners can change frequently with likely significant impact on care quality and safety.

ADASS notes that some settings are inherently of higher risk –particular any setting that is relatively closed (to the wider public) and where individual are (legally) deprived of their liberty, whether through the MHA or through MCA or DoLS. ADASS suggests that these settings require a more frequent inspection timetable.

Section 4 – Duty of Candour

17. Do you agree that a duty of candour should be introduced as a registration requirement, requiring providers to ensure their staff and clinicians are open with people and their families where there are failings in care?

ADASS agrees that the proposed "Duty of Candour" should be introduced as a basic registration requirement clearly identified within the "fundamentals of care" standard.

18. Do you agree that we should aim to draft a duty of candour sufficiently clearly that prosecution can be brought against a health or care provider that breaches this duty.

The protection and safeguarding of individuals is paramount and ADASS is fully supportive of any proposals that support this. ADASS welcomes the opportunity to work further with the DH to improve practice across the sector

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