

Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA) response to the Care Quality Commission (CQC) consultation on our next phase of regulation

Background

The Association of Directors of Adults Social Services (ADASS) is a charity. Our objectives include:

- Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time
- Furthering the interests of those who need social care services regardless of their backgrounds and status and
- Promoting high standards of social care services

Our members are current and former directors of adult care or social services and their senior staff.

The Local Government Association (LGA) is the national voice of local government, working with councils to support, promote and improve local government. The LGA is a politically-led, cross party organisation that works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems.

We look forward to continuing to work with CQC and other national partners on 'Quality Matters,' and other issues and programmes related to commissioning, quality, safety and supporting improvement in care and support.

Consultation questions

1.1 Clarifying how we define providers and improving the structure of registration

1a What are your views on our proposal that the register should include all those with accountability for care as well as those that directly deliver services?

ADASS and LGA support this proposal to enable all responsible for services to be accountable when good quality is not achieved.

We particularly support the focus on 'well-led', as this is often a weak area and has a huge impact upon the other five key questions CQC ask. Working with partners and how well services are integrating across the sectors are essential for well-led services.

The ability to hold an organisation to account, particularly if they are a large provider is a positive step. It moves the level of responsibility beyond the registered manager, who may have a limited influence. This is a particular challenge in safeguarding.

1b What are your views on our proposed criteria for identifying organisations that have accountability for care (see page 12)?

No comment

2. We have suggested that our register show more detailed descriptions of services and the information we collect. What specific information about providers should be displayed on our register?

Support this in principle. This should enable people to be better informed when choosing services.

1.2 Monitoring and inspecting new and complex providers

3a Do you agree with our proposals to monitor and inspect complex providers that deliver services across traditional hospital, primary care and adult social care sectors? [Strongly agree/ Agree/ Neither agree or disagree/ Disagree/ Strongly disagree]

Agree

3b Please explain the reasons for your response.

This should enable a consistent approach to be taken across all parts of the service in terms of quality.

Please see answer to question 1a, paragraph three, about holding large and complex organisations to account and giving members of the public more information.

1.3 Provider-level assessment and rating

4a Do you agree that a provider-level assessment in all sectors will encourage improvement and accountability in the quality and safety of care? [Strongly agree/ Agree/ Neither agree or disagree/ Disagree/ Strongly disagree]

Agree

4b What factors should we consider when developing and testing an assessment at this level?

No comment

1.4 Encouraging improvements in the quality of care in a place (pages 29-32 in the [full consultation document](#))

5a Do you think our proposals will help to encourage improvement in the quality of care across a local area? [Strongly agree/ Agree/ Neither agree or disagree/ Disagree/ Strongly disagree]

5b How could we regulate the quality of care services in a place more effectively?

As this is at an early stage it is not possible to give a view on this. In principle the collating of data on individual provision is helpful as it indicates where support for improvement may be needed and it may also indicate other environmental challenges. Systems reviews must balance all the components of a system and not unduly focus on one or another.

ADASS and the LGA would like to see the final outcome of the pilots, to continue to engage in systems reviews and in the longer term assess the impact on the quality of care.

2.2 Adult social care services (Pages 46-54)

11a Do you agree with our proposed approach to monitoring quality in adult social care services, including our proposal to develop and share the new provider information collection as a single shared view of quality? [Strongly agree/ Agree/ Neither agree or disagree/ Disagree/ Strongly disagree]

11b Please give reasons for your response.

In principle it should relieve burdens on providers, free them up to care, enable a shared view of quality, in line with Quality Matters. ADASS and LGA would welcome contributing to what the key components of the data collection should be. In principle, regular monitoring should also allow the CQC to target their interventions where improvements are most required which could be a more proportionate approach. We welcome CQC's recognition that it needs to react to a changing environment in health and care in a way that facilitates and supports improvement and sustainability, and that continues to make sure people have access to safe, effective, compassionate, high-quality care. There needs to be a greater clarity on how statements of quality will be cross-checked. Both CQC and councils will, however, also want to retain the right to seek and respond to data and intelligence from a range of sources in between annual collections and we are aware that many local areas and regions already have mechanisms for sharing data and intelligence.

We welcome ongoing work with CQC, the NHS and providers to address the overlap between poor care and abuse and neglect. Information the CQC holds can play a useful role in safeguarding arrangements. We will be keen to discuss how contract failures, safeguarding concerns and complaints to councils can also be assimilated into the findings from CQC regulatory activity. Safeguarding concerns can be concerns about poor quality of care as well as abuse and neglect, and financial failure is in many instances preceded by a decline in quality.

Providers have a key responsibility in relation to the quality of the care and support they deliver - but we are very conscious that providers, commissioners and regulators are completely interdependent in relation to ensuring quality, particularly in a very challenging financial environment. From previous experience, it is only when the CQC, providers and commissioners work together, with a shared view of quality, that service failures, pressures on capacity and improvements can be addressed effectively.

12a Do you agree with our proposed approach to inspecting and rating adult social care services? [Strongly agree/ Agree/ Neither agree or disagree/ Disagree/ Strongly disagree]

Agree

12b Please give reasons for your response.

A simplification should be welcomed, enabling a proportionate level of demand, particularly for small providers that may struggle to cope with the demands of an inspection. We support the focus on well-led, as an area that has consistently been of more concern, even in services where care and responsiveness of direct care staff has been good.

We support this slightly more sophisticated approach. This should result in more up to date views on quality being available to people who are choosing services, whilst being more person centred for people already using services. With the way new information is held on the CQC register of services it will give the public a more accurate reflection of how care is delivered now, and to make sure that the CQC can identify and adapt to future changes.

We support the proposals that continue to enshrine 'fundamentals of care' as both simple and relevant to people that will use the services, and the people that care for them. Reports that outline performance clearly in relation to safe, effective, caring, responsive and well-led care will inform people's decisions and understanding.

13a Do you agree with our proposed approach for gathering more information about the quality of care delivered to people in their own homes, including in certain circumstances announcing inspections and carrying out additional fieldwork? [Strongly agree/ Agree/ Neither agree or disagree/ Disagree/ Strongly disagree]

Agree

13b Please give reasons for your response.

Please see response to 12b. This more flexible and person-centred approach should result in better understanding of services and their quality.

We welcome the move to a wider range of options to enable people with care and supports needs participate and share their experiences. The inspections are more likely to get a proper view of the experience people have of care in their own home.

14a Do you agree with our proposed approach for services which have been repeatedly rated as requires improvement? [Strongly agree/ Agree/ Neither agree or disagree/ Disagree/ Strongly disagree]

Agree

14b Please give reasons for your response.

We support the CQC's approach to services repeatedly rated as requires improvement. This is a good balance between giving individual services an opportunity for services to improve and addressing failure to do so at a corporate level. This is consistent with the approach described in section 1.1 relating to companies that own a number of services. It also reflects the fact that well-led is often influenced by those outside the immediate service.

Some of the larger providers have been known to take a reactive approach to quality and safeguarding issues, targeting short-term trouble-shooting staff resources at a problem location and then moving on once the local inspectors, commissioners and safeguarding leaders are satisfied, but without resolving underlying corporate issues.

This can mean that there is not a company-wide expectation of good quality and/or safeguarding. To help address this providers need to understand their own company-wide story of quality, safety and performance and that should be validated by wider-ranging inspection to form the basis for judgement.

For further information please contact Mark Hill, Projects Officer, ADASS; via email mark.hill@adass.org.uk