

The regulation of care and support: a Care Provider Alliance vision



Background to the Care Providers Alliance

The Care Providers Alliance (CPA) is a group of representative bodies within the adult social care sector who have come together to ensure a coordinated response to the major issues that affect the sector. The Alliance is a constituted body with a rotating chair. The Alliance can usually reach a consensus on a range of issues, but in situations where some Alliance members may dissent the position is that documents or statements have the signatories of those who agree with their contents.

Introduction

The Care Quality Commission (CQC) was created to register providers and to monitor compliance with minimum standards, but since its creation, we have lacked a clear vision for the assurance of quality, monitoring of improvement and the celebration of excellence.

The Care Provider Alliance's members represent the overwhelming majority of social care provision in England across a broad range of kinds of provision. Our members see ensuring compliance and the assurance of quality and excellence in care services as a responsibility shared by providers and the regulator. We wish to be more actively engaged in the co-production of the system of regulation. This vision is part of our offer to the sector and government in this vital area of work. We wish to work in partnership with government and CQC to improve policy, procedures and practice for the benefit of people receiving care and support.

Guiding principles

1. The regulatory system should see the experiences and views of people using services and their families as pre-eminent.
2. Everyone who uses services should be able to access independent advocacy and expert advice
3. Regulation should build on compliance with minimum standards to offer clear grading of quality and outcomes.
4. The burden and cost of regulation should fall more heavily upon the poorest performers.
5. There should be no duplicate inspection activity over and above that carried out by CQC.
6. Inspection and monitoring of commissioning should form part of the regulator's role.
7. CQC should carry-out regular reviews of fee levels and their implications for quality.
8. Regulation and inspection must be based on a nationally consistent framework and approach, which allows for regulatory activity built upon local and specialist knowledge and strong relationships with providers.
9. CQC should publish its own performance management results.



Quality and compliance

This year's proposals for an opt-in excellence scheme were not co-produced with the sector and service users and this was evident in their reception. However, care providers of all kinds want to achieve and demonstrate excellence, so there is an urgent need to co-develop a workable scheme by which providers track quality improvements and celebrate the achievement of excellence. Registration (having achieved minimum standards) and inspection of quality should both be seen as important aspects of the regulator's role and it is inefficient to make them the roles of different organisations. The approach to assessing improvements in quality should draw on the work being done by the sector-led Think Local, Act Personal partnership to define quality from a personalisation perspective, on the Department Health work on an outcomes framework and the SCIE/ NICE work on standards in social care.

Currently, local commissioners duplicate inspection activity where they feel that CQC's compliance focus is inadequate for them to make decisions about quality. This duplication is uneconomic for the provider sector. Providers supplying to more than one authority must manage multiple sets of standards. Whatever the mechanism, we need an inspection system which helps people who use services and those who remain in commissioning functions to judge safety and compliance, but also quality and cost-effectiveness. The inspector must be able to remain focused on outcomes for individuals whilst understanding the commercial realities for independent providers.

We regret the lack of inspection of commissioning and see this lack as a very significant factor in recent failures at services which have nevertheless cost the taxpayer a great deal.

CPA members work hard on helping their members to improve standards and we would like a closer relationship with the regulator in order to ensure that more lapses of quality were identified and that support was more readily available to those who wished or needed to improve. The re-provision of dedicated relationship managers for providers should be explored.

One suggestion is that inspection should focus on a thorough assessment of each provider's quality governance (including QA systems, self-assessment, complaints and feedback handling, evidence of acting upon clients' views), with fewer inspections needed for services with strong governance and where the evidence produced by internal quality assurance systems demonstrably chimed with the experiences of people using services and their families. More inspection would be needed of those with weak governance. The application of this to smallest providers would need exploring. Government should also consider the accreditation of providers' and local areas' QA systems.

Service users and their families in the driving seat

Service users should be offered support to make informed choices about whether to use more or less regulated kinds of support. Currently similar forms of support fall inside or outside of regulation according to distinctions of setting which are historical, rather than related to levels of risk. Service users cannot easily make informed choices about levels of safeguarding and there is a risk of people feeling obliged to accept a less regulated service purely on the basis of its cost.

Overarching all of these issues is the need for a system which sees the experiences and views of service users and their families as pre-eminent, regardless of whether the individual is a user of a council-commissioned service, or a customer of an independent service. Everyone who uses services should be able to access independent advocacy and expert advice whether they are choosing a service for the first time, changing services, or complaining when things go wrong. Investment in support of this kind would significantly reduce risks for people in every kind of setting. Individuals and families need the confidence to make suggestions and to complain, anonymously if they wish, without fear of adverse consequences to the service they receive. Services which can demonstrate that they seek service users' views and act positively upon them are likely to need less inspection. We would welcome exploration of the use of experts by experience and peer support amongst service users.

Routine sampling of service users' experiences has a role to play, as do unannounced inspections, but the latter are easier to conduct in residential than in community settings. Observation of service users' experiences, sometimes over extended periods of time, is key, rather than inspections which focus on back offices and paperwork.

Poor quality services may need to be charged more in inspection fees. Developing thinking in this area could be part of striking a more cost-effective balance between proactive quality assessment and assessment of compliance in reaction to evidence of risks.

There is an urgent need to review CQC's policy on receiving information about individual complaints, which is not well aligned with its focus on collecting information about risk.



National standards, local relationships

Providers work across boundaries. Service users wish to be able to move to different areas. The public dislikes postcode lotteries and expects government to take a lead on inspection. So it is right that there is a single national approach to regulation with consistent, clear standards and we do not think this is the time for self-regulation in social care, nor that local authorities should again be given ownership of inspection.

The people applying those standards should be embedded in their local area, aware of the local context and able to form relationships with providers and their representative bodies, who hold much untapped expertise and knowledge. We have worked productively with CQC on issues identified with the level of knowledge and skills of staff in the CQC national call centre, which at times have created confusion which is costly to address, rather than efficiencies. Links between providers and inspectors have been broken during CQC's reorganisation and registration programme and urgently need to be repaired. A risk-based approach to inspection relies on many pieces of information about organisations (including from LINKs) flowing into CQC's system. This may work for NHS services, but there is not enough timely information generated in relation to social care, particularly among small and medium enterprises to make this approach effective.

Whilst we support the greater integration of health and social care, it is unclear whether integrated health and social care regulation is helpful at this early stage in aligning the two cultures. Integrated regulation can mitigate against a clear focus on the specific factors involved in running, for example, a small learning disabilities support service, as opposed to a hospital. We accept that it is possible for a single organisation to regulate across different sectors if it is well-organised divisionally.

A number of approaches could be explored to develop a system, working to national standards, which was more locally responsive. Regional Quality Boards were helpful, for instance. We applaud those inspectors who maintain an open door policy and direct contact with providers.

We hope that this document provides a starting point for constructive discussions between the provide sector, the regulator and representatives of people who use services and their families. The challenges we outline are considerable, but we do not consider any of them impossible to address, given sufficient creativity, energy and commitment.

Signatories

Association for Real Change (ARC)
Ceretas
English Community Care Association (ECCA)
Mental Health Providers Forum (MHPF)
National Care Forum (NCF)
Shared Lives Plus
United Kingdom Home Care Association (UKHCA)
Voluntary Organisations Disability Group (VODG)