

# Driving up Quality in Adult Social Care

Who is Responsible?





# Introduction

This is the third in a series of three documents about quality in social care, produced by the Think Local Act Personal (TLAP) partnership and its National Market Development Forum (NMDF), in consultation with the Department of Health (DH). The series seeks to provide answers to the questions:

- **What** is quality?
- **How** can we assure and improve quality?
- **Who** has responsibility for quality and quality assurance at national and local level and how can they help to improve quality?

The current funding climate is creating unprecedented challenges for adult social care. The combination of variable quality of care, concerns over institutional abuse and market failures has highlighted weaknesses in provider leadership, regulation, commissioning, the operation of the market and the underlying culture and quality of the care workforce.

In this tough context, TLAP believes that the social care sector as a whole needs to take responsibility and work together to ensure that all services are of good quality and that they improve. Everyone should aspire to excellent, high quality care and support. TLAP is seeking to define a model of care quality and to stimulate discussion on what works in terms of raising standards.



# Who is this document for?

This document, like the others in the series, is aimed, firstly, at people and organisations (both regulated and not) **providing** for people with care and support needs. Secondly, it is designed for those people and organisations **commissioning** services for people with care and support needs and/or with a role in quality assurance and improvement. In addition, individuals with care and support needs, their family carers and the wider public may find this and the other documents useful as a guide to what they should expect from care and support services locally.

# What is this document trying to do?

It describes who has responsibility for quality and quality assurance at national and local level and how they help to improve quality. TLAP represents the key national and local stakeholders who can influence quality, including people who use services and their carers. Through facilitated workshops, partners considered their own roles and responsibilities for quality as well as those of others, with the common purpose of agreeing how they should work together to raise the quality of adult social care. This document draws on the results from those workshops, previous NMDF work, as well as the recent DH paper *Bringing clarity to quality in care and support*,<sup>1</sup> to describe the roles of key national and local stakeholders. It also suggests some specific actions those stakeholders can take to maintain and improve quality.

In addition, TLAP is actively considering what future actions it can take as a national partnership to push this complex agenda forward.

# Who are the key stakeholders responsible for driving up quality?

The key contributors to an effective social care quality system are highlighted in the diagram below. Activity to assure and drive up quality occurs within an overarching framework of policy, guidance and standards set by government and resources provided by central and local government and individuals. TLAP includes representatives of all these key contributors.



# What roles do these stakeholders play in improving quality locally and nationally?

## People who use services, citizens and their carers

Through the choices they make, people who use care and support (whether paying themselves or using a personal budget – PB) and their family carers can support and encourage higher quality services. In order to judge the quality of services effectively, people need information, guidance, support, advocacy and brokerage (the second paper in this series sets out some helpful quality assurance principles). People using services and carers may wish to use the markers of progress set out in *Making it Real*<sup>2</sup> to understand ‘what good looks like’ and to judge how far local services are succeeding in delivering high quality, personalised care and support, and to help inform the choices they make.

Other stakeholders need to create a care system that enables potential or actual service users to make straightforward decisions about the service and provider they want, particularly when those decisions are often made at a time of vulnerability or crisis.

People who use services, citizens and their carers may also be collectively involved in a range of activities that help to drive up quality locally – for example, by participating in ways of judging quality such as local Healthwatch and visiting services.

*‘You can never know if you are satisfied unless you have expectations of what good care looks like.’*

Person using services

*‘Consumers, whether state- or self-funded, need to feel comfortable about challenging providers and to feel they will get an appropriate response.’*

Policy-maker

## People who use services, citizens and carers can help to drive up quality by being supported to:

- Make informed care choices about how their care is provided. This requires time to talk to people already using services and access to clear, straightforward information (including user feedback), advice and, where appropriate, advocacy.
- Feel assured that services will keep people safe and treat them with dignity and respect, as well as having high expectations that services can provide what individuals want.
- Let services know 'the things that matter', including cultural needs and personal preferences, however small, with confidence that they will be taken into account.
- Speak out with confidence or formally complain if quality is not good enough. People using services who are less able to do this should be supported to come forward, to give feedback on their experiences and, if necessary, complain to a provider, commissioner or the relevant regulator.
- Contribute to quality assurance activities for the service – for example, service user consultations or surveys, regulatory visits, care home visitor schemes or Healthwatch visits – giving their views on services.
- Play a role in developing services (co-production) – for example, by contributing to the design of new services, by influencing contracting and procurement processes, by assisting with inspection activities and by being involved in staff recruitment and development. Contributions to local services can also be made – for example, through health and wellbeing boards, Healthwatch and other engagement processes.

## Care and support providers

Care organisations are increasingly diverse. Whatever their scale, and whether formally regulated or not, they should understand what high quality care and support looks like in their context and strive always to deliver it. They should ensure that people are treated with dignity and respect and should actively promote equal access and opportunity for everyone, regardless of background, age or condition. They should put quality improvement and innovation at the heart of all they do and clearly set out their commitment to quality (e.g. on websites and in published documents).

For providers of regulated services, the *Essential Standards of Quality and Safety*<sup>3</sup> serve as a valuable industry-wide baseline. These must always be met and all staff are responsible for achieving this. However, management boards, non-executive directors and leaders have particular responsibility for care quality. They should ensure systems and processes are in place to assure themselves, people using services, their families and the public about the quality of the service and, where appropriate, that essential regulatory requirements are being met.

Providers should strive to create a culture of compassion, caring and responsiveness and should design quality assurance systems which monitor these elements of provision. Training and supervision is vital to encourage care staff to see that high quality physical and medical care must be matched by good relationships and personal interactions, including a genuine interest in those receiving care and an appreciation of their unique life story and requirements.

<sup>3</sup> CQC (Care Quality Commission) (2010) *Essential Standards of Quality and Safety*. London: CQC.



Exemplary providers seek and act on customer feedback, create effective mechanisms for involving people using services in assessing and assuring quality, and constantly strive for higher quality to meet rising expectations. Regulated providers should not be satisfied simply with compliance with the *Essential Standards*. In a healthy care market all services, whether regulated or not, that do not deliver good quality should lose customers or contracts.

*'Communication and collaboration at a local level is key.'*

Provider

*'Better quality does not always mean higher cost.'*

Provider

#### Care and support providers can drive up quality by:

- Ensuring, if they are regulated services, they are compliant with *Essential Standards of Quality and Safety*, including demonstrating that people are kept safe from harm and neglect.
- Devoting resources and attention to proactively improving their services and the outcomes of people using them.
- Creating a positive culture in which service users, carers and staff are supported to voice their views on services, including complaining or raising concerns about poor quality care. This should include putting in place mechanisms to gather and learn from such feedback and taking action when things are not right.
- Working in partnership with commissioners to identify and address issues that may detract from providing quality care, including issues such as 15-minute home care visits.
- Maintaining a stable, reliable workforce with the necessary skills and expertise to deliver high quality services. This includes appropriate investment in recruitment, training, supervision and leadership as well as pay and conditions.
- Creating a culture where everyone is treated with care, dignity and respect, where relationships are valued and where workers have personal ownership of quality.
- Developing new options and service models which are co-produced with people using services and come from real engagement with local communities. Services should be welcoming and linked to the local community.
- Working in partnership with other providers and provider associations in order to identify and adopt good practice and innovation, taking account of commercial sensitivities. Useful guidance and materials are available from national bodies such as the National Institute for Health and Clinical Excellence (NICE), the Social Care Institute for Excellence (SCIE), the National Skills Academy for Adult Social Care (NSA) and Skills for Care.



- Providing evidence of quality to existing and potential future customers – including people using services (however funded), people arranging care for others, councils and clinical commissioning groups.

## Commissioners

Local authorities and National Health Service (NHS) clinical commissioning groups commission and fund social care services, working with people to assess their needs and aspirations, and those of wider populations. They use this intelligence to encourage, promote and ensure a diversity of local providers of all types, thereby providing real choice for those purchasing care and support with PBs or their own funds.

Commissioning decisions affect the development of the local care market. Councils have a strong role in encouraging continuous improvement in the quality of local care and support services. This needs to include commissioning and providing good information and advice to enable people to make decisions about their care and support and to navigate the range of options available. It also involves creating opportunities for people to influence commissioning decisions and local attempts to assess and improve quality. Similarly, commissioners should seek to build good relationships with providers to encourage innovation and improvement and to jointly manage the financial challenges facing the sector.

Many councils are also operating or developing local accreditation schemes to provide information for citizens about the quality of services, including non-regulated services.

Councils produce an annual report of their performance and priorities, known as the 'local account', which is becoming a key mechanism for accounting to the public. Such accounts should cover:

- the efficient and effective use of resources
- care and support achievements
- issues and priorities
- feedback from people using services and carers.

In some areas these accounts are being structured around the markers of progress set out in *Making it Real*.

Councils should also produce market position statements which identify the existing problem in the area and identify new positions required. They should be co-produced with providers influenced by feedback from people using services and carers.

*'Proper assessments of risk and quality require multiple, not single, perspectives.'*

Commissioner

## Commissioners can drive up quality by:

- Promoting and delivering self-directed support in cost-effective ways which give individuals choice and control over their care and support, which in itself should favour the better providers, and be sustainable in the longer term.
- Working to ensure that local people (including those who fund their own care) have a real choice of good quality services that will achieve their desired outcomes and are safe. Plans to develop services in order to achieve this should be informed by effective local engagement to appreciate the needs and aspirations of people who use services and made available through the published market position statement
- Shaping the provider market by finding ways to reward quality locally. Where possible, commissioners should benchmark the quality of care in their area against others, sharing ideas and learning from neighbouring areas.
- Building mature relationships with people using services and providers, recognising that each has expertise, while promoting trust and collaboration. Commissioners should demonstrate leadership by focusing everyone relentlessly on outcomes – see TLAP's *Stronger Partnerships for Better Outcomes: A Protocol for Market Relations*.
- Ensuring that any local standards adopted or evaluations of service quality are based on the views of people who use services and their carers. This could involve a range of methods, including forums for people to talk about their experiences, questionnaires, interviews and data from reviews, assessments and complaints. Care should be taken not to duplicate the role and inspections of others, particularly the Care Quality Commission (CQC).
- Seeking, wherever possible, to ensure that consistent quality assurance processes are applied across all local services, regulated or unregulated. Quality assurance systems could be run by others or by the council and should be appropriate for the service concerned and not burdensome.
- Identifying where persistent poor practice occurs and having transparent procedures to address it. For regulated services this will involve working proactively with the regulator to agree what should be done about sub-standard care and how to improve quality. If necessary action should be taken to withdraw from commissioning sub-standard services.
- Monitoring and addressing complaints and ensuring that relevant information from them is used in service evaluation.
- Helping people to understand the difference between good and poor quality and to communicate their experiences (e.g. through the production of accessible information in 'buyer guides').
- Explaining openly to local people through published local accounts their actions to deal with problems and to drive up quality.
- Building local community interest in services – for example, by involving locally elected politicians in visiting services, and encouraging open access and volunteer input.

- Working closely with NHS partners to agree protocols for information-sharing, joint care assessments, complaints handling, safeguarding investigations and other joint services. Councils and clinical commissioning groups should show how their work dovetails together to produce more integrated care. Health and wellbeing boards will have an important role in encouraging integrated working.
- Supporting micro-providers and unregulated services to find cost-effective ways to demonstrate their quality (e.g. approaches such as the Quality Mark for small providers).

## Local people and communities

Local people have an important role in expressing views about quality. Some may do this directly to providers, as family carers or volunteers. National and local charities, such as Mencap and Age UK, can also play a vital role here. In other cases, Healthwatch organisations will amplify the voices of local people using care and support, and use this insight to comment upon service quality. Additional evidence may be gained through their powers to enter and view providers' premises and observe the quality of service delivery. Local Healthwatch organisations will also be able to influence the shape of local services by promoting good service user engagement and through their membership of health and wellbeing boards. In addition, they can share information with the local authority, the CQC or Healthwatch England to help influence national policy and decisions.

Local communities have an important role in supporting people to live a good life, not simply receive services. They can do this by supporting the provision of universal services open to all, and by encouraging volunteers and other local people to contribute – for example, through 'good neighbour' schemes or through micro-enterprises supplying services locally that people want. They should challenge discriminatory behaviour towards minorities or people using services.

Local communities can also hold their council to account for commissioning and market-shaping as well as for delivering services directly.

*'Regulation is not always the right approach – for example, to encourage community capacity and connectedness.'*

Voluntary sector provider

### Local people and communities can drive up quality by:

- Enabling people receiving services (including care home residents) and staff to continue to engage with their local community and the services and activities it can offer, including religion and leisure activities. This should improve quality by ensuring services are 'open' to the outside world.
- Encouraging and supporting fellow residents to be inclusive and mutually supportive – to watch out for each other – and to create opportunities for people to contribute to their local community – for example, through befriending and mentoring schemes.

- Volunteering to assist with monitoring of service quality (e.g. through their local Healthwatch).
- Being aware of adult safeguarding issues and how to take action, who to inform and how to capture or record concerns when required.
- Engaging fully and constructively with reviews and other processes concerning local priorities. This is particularly important where there may be difficult decisions to replace or redevelop outdated or poor quality services.

## Regulators and standard-setters

### Service regulation: CQC

The CQC assesses, inspects and judges the quality and safety of many health and care services in England. It is responsible for assuring the quality of registered care providers, and determining whether services meet essential standards. Failure to meet regulatory requirements can attract a range of enforcement powers designed to help the CQC monitor services and ensure providers deliver their commitments to quality and safety.

For providers subject to it, effective regulation is one lever to help ensure the delivery of quality services within the framework of the *Essential Standards*. However, quality also depends on transparency and responsiveness to people who use services. Clarity about expectations and the roles of staff and their organisations is important.

There is also a growing number of social enterprises and other micro-providers supplying a wide range of support that individuals are purchasing with their PBs. Most such services are not regulated by the CQC, though some are accredited by the local authority. Such accreditation, along with comparison websites such as SCIE's 'Find Me Good Care' are therefore important ways of conveying information about quality to prospective purchasers.

### Professional regulation

Professionals, including social workers, nurses, occupational therapists and registered managers, are crucial in driving up quality in care and support. They provide expert advice and support to other staff and those who use services to ensure appropriate care is provided in order to achieve the best outcomes. Some staff have personal accountability to their regulator, such as the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC). They also have a duty to report poor practice when they see it.

### Standard-setters

NICE is working on the development of the first set of quality standards for social care, to be taken forward from April 2013. These will set out clear, concise statements designed to drive and measure quality improvements in key areas such as dementia. SCIE will host the new NICE Collaborating Centre for Social Care from April 2013, working closely with NICE on the development of guidance for social care and the adoption and dissemination of quality standards.

The leadership and management of the adult social care workforce is critical to achieving quality. Skills for Care and the NSA support the adult care workforce, helping to ensure appropriately skilled, competent and confident people are available to deliver high quality care, properly equipped with the leadership, management and commissioning skills they need.

Regulators and standard-setters can drive up quality by:

- Ensuring that all regulated services comply with the Essential Standards and play a part in supporting the drive to continuous improvement.
- Taking swift, robust but proportionate action where regulated services do not comply, especially where people are, or might be, at risk. In doing so they should work collaboratively with local commissioners and others. Professional regulators should likewise act quickly where individual professionals fall short of expected standards.
- Providing an external assessment of quality and the improvements needed, co-produced with people using services.
- Injecting more differentiation into the market about levels of quality (e.g. excellent as opposed to good care).
- Providing quality standards for social care that are clear and understandable and tell a straightforward story about what excellent care might look like – for all to aspire to. Evidence and standards should include services which are not regulated.
- Collaborating closely to provide clear guidance and support to the sector in pursuit of continuous improvement.
- Sharing and encouraging good practice so that it is systematically replicated.
- Playing a stronger role in promoting quality, including among currently unregulated staff.

*‘Sector-led improvement rather than top-down imposition has to be right and we need to make it work, supported by national improvement bodies/resources.’*

Commissioner

**Think Local, Act Personal** is a sector-wide commitment to moving forward with personalisation and community-based support, endorsed by organisations comprising representatives from across the social care sector including local government, health, private, independent and community organisations. For a full list of partners visit [www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)