

COMMENT

CQC – RECOGNISING EXCELLENCE IN ADULT SOCIAL CARE

BCD says ‘ CQC should concentrate on regulating to ensure that basic standards are met by all providers – not devise awards for excellence for the few’.

The idea that CQC, the health and adult social care regulator, should spend time and money on devising a scheme to bestow excellence on the best care providers just at a time when the public seems to have lost confidence in the regulator’s ability to maintain even minimum standards of care is hard to believe. However, BCD was pleased to comment on the consultation document published by CQC on the scheme. Our comments are summarised as follows:

BCD’s view

The proposed accreditation scheme (for that is what it is) is founded on a four-fold framework of principles of excellence commissioned by CQC from SCIE - an example, perhaps, of yet more money being spent on telling the sector what it knows already. The consultation document invites interested parties to say whether they agree with the framework or not but since the principles embodied are those with which no-one could reasonably disagree, we feel that this is a fairly pointless exercise.

Moreover, there are limitations to the excellence principles and outcomes selected – in particular, there is an over-reliance on service user-focused outcomes alone. Inevitably, they tend to be mostly about satisfaction, often poorly defined. If there is to be an accreditation scheme, we argue that additional outcomes need to be included. Broadly, these should relate to care and treatment (e.g. nutrition, minimisation of pressure sores, minimal use of psychotropic drugs), facilities and environment, and staff and management capabilities which can be more accurately measured. It would be foolish to award the seal of excellence to a care home that performed poorly on some of these issues while scoring well on user satisfaction scales – a scenario which is not unlikely.

In addition, given the lessons of recent developments in the sector, we believe that there are two other key principles that ought to be incorporated - those of financial viability (crucial for commissioners of services) and value for money (essential for prospective self-funders).

As well as these significant omissions, there are other failings in the proposals, notably the

way in which it glosses over the likely cost of operating an accreditation scheme, costs which care providers themselves will have to bear.

BCD finds it impossible to support the duplication of effort that introducing an accreditation system would mean. It would involve two lots of 'inspection' of regulated services (by CQC and the accrediting body), both costing large amounts of money which the sector would have to find – at a time when money is scarce and when effort should be concentrated on the essentials. While CQC may be trying (with good reason) to hive off the rating of providers because of the costs and demands on its time in order to concentrate on its general regulatory functions, we feel strongly that there is no reason why it should spend precious time and effort on devising an accreditation scheme as an alternative.

From the providers' perspective, it should be a matter of concern that if the scheme goes ahead it will cause a range of problems for providers across the sector. Not only will it be costly but they will face additional burdens of collecting information and being available to visiting assessors. Additionally they may risk the possibility of reputational damage leading to a failure to attract new residents if they decide they do not wish to join a non-mandatory scheme for perfectly legitimate reasons.

Alternative arguments that commissioners will find accreditation ratings useful in making commissioning decisions and that providers will see them as attractive marketing tools are irrelevant. It is not the responsibility of CQC to expend its own resources on facilitating the achievement of either of these objectives. Councils are at liberty to devise their own assessments of quality for commissioning purposes (and many are), while providers can design and fund their own autonomous accreditation schemes if they choose.

The argument that the scheme would assist people moving into a care home to exercise choice is weak. There is no hard evidence that people in this situation would respond positively to yet another system claiming to assist them in choosing a home. Too often their ability to choose is constrained by lack of money, frailty and crisis. In any case, they would more likely prefer to trust the judgement of professionals specialising in care issues who have no business interest in the outcomes of an accreditation scheme.

In conclusion, BCD Care Associates has outlined major flaws in the scheme as proposed but, more importantly, it also believes that CQC should concentrate on its core responsibilities. These are to ensure that all registered services comply with the essential standards of quality and safety and thus guarantee that anyone using them can be assured that this minimum threshold has been achieved.

Sadly, the regulatory system has recently been shown to be particularly fragile in its capacity to root out bad performance and to guarantee this essential level of quality and safety in a

number of providers. We urge CQC to get back to its original brief and concentrate on what is really important.

1. BCD Care Associates is an established consultancy of individuals with a longstanding commitment to improving the quality of care provided to older people living in care homes. Further information about BCD can be found on its website:
www.bcdcareassociates.org
2. The consultation document Recognising Excellence in Adult Social Care was published by the Care Quality Commission on its website: www.cqc.org.uk
The consultation closed on 1st August 2011.
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