



advice and support for older age  
**Independent  
Age**

**Independent Age's response to Care Quality Commission's  
consultation on planned changes to regulation, inspection and  
rating services**

4 June 2014



## **About Independent Age**

Founded 150 years ago, Independent Age is a growing charity helping older people across the UK and Ireland through the 'A, B, C' of advice, befriending and campaigning. We offer a national telephone and email advice service focusing on social care, welfare benefits and befriending services, which is supported by a wide range of printed guides and factsheets. This is integrated with on-the-ground, local support, provided by a network of over 1,500 volunteers offering one-to-one and group befriending.

For more information, visit our website [www.independentage.org](http://www.independentage.org)

Speak to one of our advisers for free and confidential advice and information. Lines are open Monday to Friday between 10am - 4pm. Call 0800 319 6789 or email [advice@independentage.org](mailto:advice@independentage.org)

Independent Age is also a member of the Care and Support Alliance: a consortium of over 65 organisations that represent and support older and disabled people campaigning to keep adult care funding and reform on the political agenda.

## **Summary of Independent Age's views**

We strongly support the Care Quality Commission's planned changes in regulating, inspecting and rating services, and we are pleased by how comprehensive and aspirational the planned characteristics of each rating are.

We believe they present a challenging agenda to providers, where an 'outstanding' rating will authoritatively verify that any such provider is innovative and dedicated to improving the lives of people who use the service, but also taking into account the wider needs of staff and residents' relatives.

However, we are concerned that certain characteristics rated in the draft handbooks covering residential and community care as 'outstanding' should instead attract a 'good' rating because the characteristics in our view describe essential rather than exceptional aspects of quality care.

On the whole the characteristics themselves are clear, well thought out and comprise a wide range of concerns that people who use health and care services and their families have about quality care. By setting out specific examples and explaining the difference between each rating we hope providers will easily 'self assess' their own performance and identify where improvements are required without the Commission having to take regulatory action.

In particular, we welcome the focus on tackling isolation and loneliness, and the focus on consistent standards. We agree that consistency in terms of quality care provision is an intelligent dividing line between a 'good' rating and one that 'requires improvement'.

We hope that in providing a consistent single set of fundamental standards across all care settings and by promoting consistency as a key principle, people who use services and the general public will have a clear understanding how the Commission will act on poor care, and how to recognise poor care themselves, regardless of the setting.

We are pleased that the Commission has confirmed that the views of people who use the service are central to determining a service's rating. It is particularly welcoming that whether a person feels that the service they are using feels safe or not can influence a service's rating. It is right that, regardless of other evidence, subjective views of safety are taken into account when promoting quality.

To address longstanding poor public perceptions of the residential care sector head on, elsewhere we will be calling on the Commission to consider conducting a one-off workforce survey that seeks to establish whether public fears about abuse and neglect are justified or not. The survey would need to be anonymised to ensure a lack of prejudice for staff to express full and frank views about the standards they see in care. This should include direct questions about whether staff have themselves witnessed care that they would regard as neglectful for abusive, similar to the questions about bullying that are now routine in many organisations.

The sector is at a crossroads and whatever positive initiatives are now underway to pioneer and promote excellent care, we need to engage in a grown-up debate about what appears to be going wrong in too many of our care homes. We believe a one-off workforce survey could usefully build up a picture about whether recent claims regarding abuse and neglect are common or not.

In regard to the use of CCTV in care homes, we strongly feel that in any setting, the privacy and dignity of care home residents must be protected. In the rare cases where there is a genuine cause for concern about the care of a resident we could see the potential for using CCTV. However cameras must not be used as a matter of routine and we would not want their use to become normalised. They should never become a substitute for good management and proper staff supervision.

Cameras may have a role where abuse is suspected and evidence is not obtainable in other ways, but they shouldn't be seen as a panacea because:

- Cameras will only give piecemeal evidence about isolated cases. We have called for a much more rigorous workforce survey to identify the true extent of abuse and neglect within residential care (which we hope and believe will be very limited).
- Cameras clearly bring with them issues around privacy of residents and indeed staff.
- Our medium term goal must be preventing abuse from occurring in the first place and we would be concerned that focusing too much on cameras as a way of identifying and punishing offences would be a tacit acknowledgement that we have failed in this.

## Questions on Residential Adult Social Care settings:

*Do you agree that the characteristics of 'Good' we have described are what you would expect to see in a good residential care service?*

|                |              |                           |          |                   |              |
|----------------|--------------|---------------------------|----------|-------------------|--------------|
| Strongly agree | <b>Agree</b> | Neither agree or disagree | Disagree | Strongly disagree | I don't know |
|----------------|--------------|---------------------------|----------|-------------------|--------------|

We agree with the way the Commission has characterised a 'good' service in relation to residential care. We particularly welcome how consent to care and treatment form part of the '**effective**' rating.

We also strongly welcome the recognition that a good service is one that is '**responsive**' in the area of protecting people from isolation and loneliness through maintaining relationships that matter to them, such as family, community and other social links.

In regards to a '**well led**' service, we agree that staff should be able to voice concerns about care offered by colleagues and that these concerns are listened to and investigated. We also agree that for a service to meet a 'good' rating that management leads by example and has processes that can account for the actions of staff.

*Do you agree that the characteristics of 'Outstanding' described are what you would expect to see in an outstanding residential care service?*

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|----------------|--------------|---------------------------|----------|-------------------|--------------|
| Strongly agree | <b>Agree</b> | Neither agree or disagree | Disagree | Strongly disagree | I don't know |
|----------------|--------------|---------------------------|----------|-------------------|--------------|

We understand the approach the Commission has taken when characterising an outstanding service and we feel this rating sets a high bar for providers to aspire to. We do not expect many providers to achieve this rating at the outset of the new rating system. The focus on innovative practice in particular is a clear indication of what providers should be aspiring to achieve. We support the view that a '**well led**' outstanding service should have an established track record as an effective role model that works hard to use innovative ways to gather people's views and ensure that they are empowered.

We believe that the balance between good and outstanding service in regards to the '**safe**' characteristic are well defined. We would however prefer that it is a characteristic of a 'good' service that a provider can demonstrate that staff are both competent and have skills and time to develop positive and meaningful relationships. This important factor must only be used to form a 'good' rating – to make it a characteristic of 'outstanding' practice would in our view reflect poorly on the care system, even though we recognise a number of providers struggle to put relationships at the heart of everything they do.

With regards to the '**Effective**' question, we strongly agree with the requirement that 'links with health are excellent' and that an enabling attitude towards risk taking is embedded in the service.

For **'Caring'** we welcome the Commission's focus that a provider should support people / residents to be involved in the running of the service and help recruit. We also agree that a service that is outstanding in terms of being responsive is flexible and actively engaged with building links with the local community.

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| <i>Do you agree that the characteristics of 'Requires improvement' described are what you would see in a residential care service that required improvement?</i> |              |                           |          |                   |              |
| Strongly agree   | <b>Agree</b> | Neither agree or disagree | Disagree | Strongly disagree | I don't know |

We agree with the overarching approach to services that 'require improvement' in that they may in fact be safe and deliver good enough quality care, but lack a consistently good approach or perhaps don't focus enough on person centred care.

The description of a service requiring improvement in terms of it being characterised as **'safe'** captures inconsistent practice, but crucially it does not imply that the entire service is unsafe, but may not adequately promote safe practice and could be risk averse.

In regards to the **'Effective'** question, we welcome that a lack of consistency in dealing with staff absence is reflected here and that actions agreed on in care records do not always lead to required outcomes.

We agree that a **'Caring'** service should not rely on a task focused response to needs, and that while this demonstrates a willingness to deliver appropriate care, the CQC is right to say that there is still a need for improvement.

We agree with the Commission's plans for the **'Responsive'** question, particularly in noting that a feature of a service that requires improvement is one where there may be delays in referral to other health or care services, and that in such cases that people have to repeat their story because information is not being shared sufficiently

The Commission is right to say that a service that requires improvement against the **'Well led'** key question is one that can be said to be characterised by a reactive rather than a consistently proactive approach to meeting residents' needs, and that people whose voices are more difficult to hear are not always empowered to make their views heard, or suffer from poor communication across the service.

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| <i>Do you agree that the characteristics of 'Inadequate' are what you would see in a residential care service that is inadequate?</i> |              |                           |          |                   |              |
| Strongly agree  | <b>Agree</b> | Neither agree or disagree | Disagree | Strongly disagree | I don't know |

We strongly agree with the Commission's approach to the inadequate rating, notably against the **'Safe'** question. In particular we welcome an approach that

says that the most essential measure of safety is that an inadequate service is one where people do not feel safe, regardless of actual activity.

In regards to the '**Effective**' key question, we agree that a lack of choice, dignity and respect define an inadequate service, as does not recognising social and cultural diversity, and indeed poor (or a lack of) staff training.

We agree that a service is performing inadequately in regards to the '**Caring**' key question if people describe staff as unkind or lacking in compassion, and that the service does not listen to the concerns of people who use it. We welcome the benchmark that positive behaviour within the service is determined as only resulting from the skills and efforts of some individuals. Any heightened risk of abuse or neglect is also appropriately characterised as inadequate.

The Commission is right to characterise an inadequate service as one where standardised individual care records are used, alluding to a task-centred approach which sees the provider failing to respond to individual needs. Not responding to the judgements of visiting professionals also indicates poor responsiveness.

We agree with the overarching definition of a service that is inadequate and not '**well led**' is one that has not had a registered manager in post for some time, or has been judged to have weak or inconsistent management. The CQC is also right to make a feature of an inadequate rating that whistleblowers are not taken seriously.

## Questions on Community Adult Social Care

*Do you agree that the characteristics of 'Good' we have described are what you would expect to see in a good community-based social care service?*

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|----------------|--------------|---------------------------|----------|-------------------|--------------|
| Strongly agree | <b>Agree</b> | Neither agree or disagree | Disagree | Strongly disagree | I don't know |
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We agree with the Commission that a '**Safe**' service is one that manages staffing levels appropriately, responds well to unforeseen events and that people who use the service are informed when care workers need to change shifts, or are unavailable at short notice.

We agree that the characteristics of an '**Effective**' service include that it: provides information to people in a form they can easily understand (which then helps them make choices); that the service is flexible and effective in determining appropriate staffing levels, and that staff have the right competencies, behaviours, skills and experience.

We agree that an effective service is one where managers respond to gaps in provision in a timely manner and staff provide personalised care and ask people to give their consent.

We are pleased that the Commission has noted the importance of tackling loneliness and isolation in its characteristics for the '**Caring**' question. We agree that a good service is one where care is individually tailored and centred on each person. We also agree that staff should not have to "hit the ground running" and that recruitment should be based around professionals' values and their ability to demonstrate kindness, respect and indeed empowerment in their work.

We agree that a '**Responsive**' service is one that works to protect a person from loneliness and isolation by enabling a person to undertake person centred activities in the community. Care planning should cover a person's whole life and the plan, and the staff within the service, must recognise that it is not always right to adopt a task-based approach to the delivery of care.

We are pleased that the Commission's approach to what constitutes a '**Well led**' service is so comprehensive and in particular we agree that a 'Good' service would be one that enables adults, their friends and also their family to be regularly involved with the service in a meaningful way. Also of note is the Commission's recognition that good services should demonstrate a culture of fairness and openness so that staff and people who use the service are encouraged and feel confident enough to question practice.

We agree that management in a good service that ensures the service is '**well led**' should be demonstrably strong, and that it has a habit of promoting best practice and making improvements as a result of any problems that arise. In particular we welcome the requirement that managers should be aware of adults' vulnerabilities where people are receiving a mix of regulated, non regulated support and informal care and that in such cases they implement strategies – understood by staff – to prevent people 'falling through the cracks'.



We agree with the Commission that where it is a condition of registration that a 'Good' rating against '**well led**' depends to a large extent on there being a registered manager in post and staff understand and appreciate what is expected of them. We are pleased that staff attitudes are accounted for in the new rating system, an example being that for a 'good' rating in the 'well led' domain, that staff say the provider is good to work for, are motivated and supported by the way the service is run, for instance that short calls (e.g. 15 minutes care visits) are avoided unless suitable.

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|---|--------------|---------------------------|----------|-------------------|--------------|
| <i>Do you agree that the characteristics of 'Outstanding' described are what you would expect to see in an outstanding community-based social care service?</i> |              |                           |          |                   |              |
| Strongly agree  | <b>Agree</b> | Neither agree or disagree | Disagree | Strongly disagree | I don't know |

We agree with the approach the Commission has taken when characterising an outstanding service. We feel that overall this rating sets a high bar for providers to aspire to as we do not expect many providers to achieve this rating at the outset of the new rating system. The focus on being an effective and creative role model is a clear indication of what providers should be aspiring to achieve. However we feel that staff at all 'good' services should be competent and have time to develop positive and meaningful relationships with people who use the service. To define this as the mark of an 'outstanding' service does not reflect our own view that competence and positive and meaningful relationships should be at the heart of every 'good' service.

For a service to be 'outstanding', we agree with the Commission that they must be shown to be '**Effective**' in providing champions within the service for dignity and respect. One result being that people who use the service say that the care and support they receive means they have a meaningful life and promotes their wellbeing.

We agree with how the Commission has characterised 'Outstanding' against the key question of '**Caring**', particularly that the service must have a strong visible person-centred culture and that people needing care are consulted on the recruitment of staff and can influence management decisions.

We agree that a '**Responsive**' and 'Outstanding' service is one that finds creative ways to enable people to live as full a life as possible, and that people who use the service say that staff understand their needs and are proactive in suggesting additional ideas that the person may not have considered themselves.

We are pleased the Commission is promoting collaborative development of good practice among providers as a feature characterising 'outstanding' performance against the '**Well led**' question. We welcome the focus that among other things, an outstanding service is one that has a track record as an effective role model, a sustained positive culture and a record of positive improvements over time.

*Do you agree that the characteristics of 'Requires improvement' described are what you would see in a community-based social care service that required improvement?*

|                |              |                           |          |                   |              |
|----------------|--------------|---------------------------|----------|-------------------|--------------|
| Strongly agree | <b>Agree</b> | Neither agree or disagree | Disagree | Strongly disagree | I don't know |
|----------------|--------------|---------------------------|----------|-------------------|--------------|

We agree with the overarching approach to services that 'require improvement' in that they may in fact be safe and deliver good quality care, but lack consistency, a focus on person centred care, or may be characterised as reactive.

We agree that the views of people who use the service are particularly important and that it is correct to say that a service 'requires improvement' where people who use the service feel safety isn't a priority and / or that staff are reluctant to challenge unsafe practice

With regards to the '**Effective**' question we agree that a service that 'requires improvement' is one where staff absence is not always dealt with effectively and management is not delivering training effectively.

We agree with the Commission that a service 'requires improvement' where there is an inconsistent approach to '**Caring**' as staff are delivering care that is too task focused, and that while people may say they are treated with kindness and respect, they may also say that sometimes staff do not explain things clearly or give them time to respond.

We agree that a service is not wholly '**Well led**' and 'requires improvement' should it lack a consistent approach by management to identifying and dealing with anticipate risks. In addition, a service cannot be well led where staff feel reasonably well supported but lack understanding of their roles.

The Commission is right to point out that a service requires improvement where the management may "understand" the need to be transparent, but this does not always reflect what takes place with many decisions being made that don't involve service users and staff. In such circumstances, when people who use the service are involved, an example of a service requiring improvement is that it tends to default to relying on feedback from 'those with the strongest voice' and those whose voices are more difficult to hear not always empowered to make their views heard.

Additionally, we agree strongly that improvement is required where staff feel isolated in their roles, and / or are expected to deliver care in a timescale that people using the service say is rushed and fails to reflect changing needs.

*Do you agree that the characteristics of 'Inadequate' are what you would see in a community-based social care service that is inadequate?*

|                |              |                           |          |                   |              |
|----------------|--------------|---------------------------|----------|-------------------|--------------|
| Strongly agree | <b>Agree</b> | Neither agree or disagree | Disagree | Strongly disagree | I don't know |
|----------------|--------------|---------------------------|----------|-------------------|--------------|

We agree with the Commission that one of the core features of a service rated as 'inadequate' is one where there has not been a registered manager in post for some time. We believe the remaining characteristics adequately capture the impact of not having a manager in post, and that management is not sufficiently strong to rectify services failings, such that people might be put at risk of abuse.

We agree that a service is 'Inadequate' where it does not give staff time to provide the care people need or respond to emergencies. Poor security (i.e. not looking after keys safely) and unsafe handling of medication is also clearly inadequate.

We agree with the Commission that an 'Inadequate' service is one where people say they are not treated with dignity or respect and are not given choices in their care, support or treatment. In particular, we agree that a service cannot be seen as '**Caring**' should it not routinely listen to or consult with people about how they would like to receive their care. We also agree with the Commission's depiction of inadequate care as typical where there is evidence to show the service does not identify and promptly deal with concerns to the satisfaction of service users, their relatives, and staff.

We agree that an inadequate service is characterised by the '**Responsive**' key question as habitually using standardised care records with no evidence of individualised care, that the service is unresponsive to visiting professionals' recommendations; that complaints are not dealt with in an objective way, and there is a lack of adaptive or assistive equipment where required.

In terms of being '**well led**' we agree with the Commission that it is 'inadequate' for a provider's staff to be unclear about roles and responsibilities, instead delivering care and support intuitively rather than guided by best practice. We particularly agree that is unacceptable that staff should regularly have insufficient time to carry out their role in delivering care, as they may be expected to cover a wide geographical area with little or no consideration for travel time. It is right that the Commission characterises an inadequate service as one that habitually arranges short visits, that management and staff do not understand the principles of quality assurance, and where whistleblowers not taken seriously.

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