

Driving up Quality in Adult Social Care

Statement of Quality Assurance Principles



Forewords



I am pleased to introduce *Driving up Quality in Adult Social Care – A Statement of Quality Assurance Principles*. These principles are a framework to help assess and understand the various quality assurance and improvement initiatives that currently exist.

They do not attempt to rate the many tools and approaches that organisations and individuals can use to judge and improve quality of social care services. Rather, they describe the overarching elements that should be included in any effective QA system.

We hope these principles will be useful to those developing and using QA systems; and that they assist those commissioning and purchasing their own services to have a better understanding of the characteristics they should be seeking in a quality service.

The principles were developed by the National Market Development Forum's quality assurance task and finish group. Representatives in this group included people with care and support needs, service providers and commissioners, the Care Quality Commission, the Social Care Institute for Excellence and other key players in the social care field. The principles were also shared and tested with a wider group of key stakeholders. I am delighted to report that we had excellent support for this work. Everyone involved was very engaged with debating the issues of quality assurance and improvement and we hope the end result is a helpful contribution to the care and support sector.

Work on the quality agenda continues through the National Market Development Forum and we are committed to sharing the outcomes of this with colleagues via Think Local Act Personal in 2013.

Des Kelly Chair of the quality assurance and improvement task and finish group, National Market Development Forum



In developing *Driving up Quality in Adult Social Care – A statement of Quality Assurance Principles*, Think Local Act Personal has brought together a wealth of experience from right across the social care sector, and most importantly, from people who use care services.

I would like to thank everyone who has been involved in this work. The principles put people who use care and support services at the centre of any definition or quality or assessment of services and, as such, provide a point of reference for comparing or developing quality assurance schemes.

Bill Mumford Chair, Voluntary Organisations Disability Group (VODG)

Introduction

The National Market Development Forum (NMDF) is working on three papers on quality and quality assurance (QA). They comprise:

- 1) What is quality?** A paper which will draw heavily on the Caring for our Future White Paper and its accompanying quality paper¹, as well as on the TLAP Markers of Progress² and SCIE's 2010 report³ on defining excellence in care and support.
- 2) Statement of Quality Assurance principles.** By focussing on the principles which should underpin any robust QA system, this paper aims to help people assess the merits of different approaches to assuring quality.
- 3) Translating the policy intentions and the QA principles into practical actions.** The NMDF believes that the social care sector as a whole needs to take more ownership for ensuring that all services are of good and improving quality. The third paper in the series will set out actions for stakeholders to put this aspiration into effect.

What do we mean by quality?

Paper 1 will cover this issue in some detail. It is clear that the quality of services starts from what matters most to those people using them. A quality service also pays close attention to areas which may be invisible to users, such as medicines management or workforce development. In other words, achieving quality should balance the three "core components":

- The individual **experience** of people receiving care and support and their personal expectations and outcomes;
- Services which keep people **safe** through recognised standards, safeguards and the adoption of good practice;
- The recognised processes that ensure the **effectiveness** of services including their value for money.

¹ Department of Health (2012) *Bringing Clarity to Quality in Care and Support*

² *Think Local Act Personal* (2012) *Making It Real* www.thinklocalactpersonal.org.uk/mir/

³ *Social Care Institute for Excellence* (2010) *Defining Excellence in Adult Social Care Services – A Discussion Paper* www.scie.org.uk/newsfiles/excellencediscussionpaper.pdf

Principles guiding quality assurance and improvement in social care

The challenge is to know whether a service meets these components of good quality. We have therefore produced a statement of **Quality Assurance Principles** as a framework within which quality assurance and improvement initiatives can be understood and assessed.

There are a range of tools and approaches by which organisations and individuals seek to judge and improve quality – ranging from organisational assessments such as Investors in People and ISO 9000 to Care Quality Commission inspections and consumer websites such as “Find Me Good Care” and the Good Care Guide. The principles below do not attempt to rate such approaches but rather to provide a framework for an effective QA system.

Who are these principles for?

The principles are primarily aimed at those responsible for delivering, commissioning or regulating care and support services. The primary responsibility for the quality of care and support services rests with those providing such services but others also have important roles to play.

As personalised service arrangements develop, individuals assessed as being in need of public support will be able to secure their own personal budgets, commission, arrange and purchase their own support packages from providers of their choice and assess their own satisfaction with the outcomes. The principles will have relevance in helping people who are funding their own arrangements to have a better understanding of what characteristics they may be seeking in a quality service.

In this more diverse care market, providers, commissioners and regulators will need specifically to identify how they can nurture such arrangements and how they can establish a quality framework to ensure high quality. The *Think Local, Act Personal / National Market Development Forum* has a key role in developing this national debate and promoting good practice.

NMDF Quality Assurance and Improvement Group, October 2012



Principles of Quality Assurance in Adult Social Care

Robust systems for assuring the quality of adult care and support should:

Be based on the features generally agreed as constituting high quality; as in our “defining quality” paper. Think Local Act Personal’s Making It Real and SCIE’s definition describe the key features of high quality social care. Any Quality Assurance (QA) system needs to show how individual needs are addressed, responding to the presenting need and the outcome sought, as well as being sensitive to the cultural, ethnic and personal aspirations of individuals receiving care and support.

Ensure that the views of people receiving care and support (and where appropriate family/carers) are heard in all quality assessments. All valid assessments of quality should include **either** opportunities for co-production with those who have experience of the service **or** independent opportunities for their views to be heard. They should:

- include people using the service and those supporting them – paid personal assistants, relatives and friends;
- include users’ views of the staff working with them;
- be easy to understand; free from discrimination; and have clear consequences if people are victimised for expressing their views.

Wherever possible and appropriate, commissioners and regulators should share with people receiving services information such as how they plan to comply with contractual obligations and any quality assessment conclusions. All parties should be free to articulate their concerns and aspirations for service improvement, based on their own responsibilities.

Include an assessment of the workforce. Valid assessments should include:

- the quality of leadership and management, not least in leading and developing front-line staff;
- whether there is active engagement in learning and development, supported by regular supervision and appraisal.
- the behaviours and skills of staff, as well as their capability and capacity to facilitate user co-production in quality assurance, commissioning, training, supervision and appraisal.

Start with the individual but also consider all the people who use the service.

An effective QA system needs to start with the individual as well as including a focus on people who use services overall. This is because good overall population outcomes in an area, such as healthy life expectancy, do not guarantee – and indeed might mask – poor quality individual or collective experiences of services.

Ensure that the quality of care and support is transparent to all. People, especially people who use services and their families, have a right to know about the quality of care and support. Therefore, all assessments of quality based on a valid process should be published and open to scrutiny and challenge by the public, e.g. through complaints, user surveys, local HealthWatch, etc.

Include an assessment of the impact of commissioning on quality. Good commissioning should focus on outcomes that have been agreed with people who are going to use the service. Relationships between providers and commissioners should be collaborative, rather than adversarial, and should aim to improve quality, e.g. through appropriate financial incentives and understanding people who use services' wishes, rather than simply purchasing what is currently available.

Represent value for money and be proportionate to the services being assured.

Investment in quality assurance is worthwhile, provided any QA system is assessed for its costs and benefits. This is especially important if a particular QA approach or system is mandated on others. Such systems should also be tailored to the type and scale of service involved and not impose disproportionate burdens.



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