



## CQC Consultation on how we regulate, inspect and rate services June 2014

### A response from Natspec

Natspec is the membership association for specialist colleges providing further education for young people with complex learning difficulties or disabilities aged 16 – 25. Over 50 colleges offer residential provision and are CQC registered; some are also inspected under Ofsted's social care framework. The education provision at all colleges is inspected by Ofsted

College courses are usually two or three years in length and aim to increase skills and choice, with students moving into work, living more independently and/or being active in the community on leaving. The Children and Families Act is intended to lead to more effective joint commissioning of places, so that education, health and care are all part of the programme and the desired outcomes.

Because of the relatively short stay, the college approach to residential provision is different from other residential providers. Colleges do not offer a home for life, and students will often move from high levels of support to more independent living settings, often in the community, during their time at college.

The primary purpose of colleges is education. Residential provision is an integral part of the learning process, enabling students to practice new skills in realistic settings, and to have consistent levels and types of support to meet their individual needs.

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*1. Do you feel confident that the key lines of enquiry and the prompts will help our inspectors to judge how safe, effective, caring, responsive and well-led care services are? Is there anything we are missing?*

- We think the KLOEs appear to be comprehensive and have not identified any missing areas. However, once the approach is tested out, it is possible that some will emerge so it is helpful that pilot visits will be undertaken.

- We have a few comments on specific KLOEs as they apply to colleges:

E1: A good person centred planning system addresses the needs, involvement and choice issue very well, but we would note that there has to be a balance between student choice and the realistic requirements of a college

C4: Listening to students is really important for colleges, but in a learning environment a constant flow of visitors is not workable, so there may need to be some restrictions during more formal sessions. However, good links with parents are important and hopefully this will be properly explained and understood.

WL1: This is an important area for specialist colleges, with community links being an essential element of learning programmes

WL4: Partnership working is a key aspect of the Children and Families Act and therefore a high priority for specialist colleges

*2. Do you think that inspecting against the mandatory key lines of enquiry, plus additional ones (4+), selected on the basis of what our intelligence tells us, will enable us to make credible and comparable judgements about services?*

- This seems a sensible approach. We think it would be helpful if providers were given the opportunity to suggest to the CQC which additional KLOEs might be most relevant to their service and reflect the nature and purpose of their provision. Conversely, we think providers should be able to query an additional KLOE which does not seem particularly applicable to their service

*3. We have described characteristics of good, outstanding, requires improvement and inadequate for each key question. Do you agree that these characteristics are what you would expect to see in:*

*-- A good care service? If not, what are your suggestions for improvement?*

*-- An outstanding care service? If not, what are your suggestions for improvement?*

*-- A care service that requires improvement? If not, what are your suggestions for improvement?*

*-- An inadequate care service? If not, what are your suggestions for improvement?*

- We welcome the grading system – it reflects the Ofsted approach and is

therefore very familiar to colleges.

- We think the characteristics outlined are helpful, but not necessarily specific enough in terms of being clear about how they would be evidenced.
- It is particularly difficult to make judgments on the margins, especially between good and outstanding and between RI and inadequate, so some examples of practice might be useful. It may be possible to produce clearer descriptors once some initial inspections have been undertaken.
- There is frequent use of the term innovative in defining outstanding characteristics, which assumes innovative automatically means outstanding. That may not be the case, and an outstanding provider would also have systems in place to evaluate the effectiveness and positive impact of new practice
- Some examples of outstanding practice would appear to be good and should be expected in every service. For example the following 'safe' characteristic which is listed as outstanding should be a given:

*'Staff are competent and have the skills and time to develop positive and meaningful relationships with people and recognise the when people are in pain or feel unsafe. Staffing levels are sufficient and flexible to meet people's changing needs.'*

- Establishing these differences between 'Good' and 'Outstanding' and between 'RI' and 'Inadequate' are crucial, because of the impact or potential impact on services. Inspectors and providers must be confident about judgments which tip an outcome from one grade into another.
- We agree that the views of service users, in our case students, are important. However we are not sure that all students will be able to make the fine distinction between, for example, good and outstanding. In our own Natspec Learner Survey we offer the option of a 5 point or 3 point scale of responses in order to include those who would find it difficult to offer more specific views.

*4. How best do you think we can ensure that providers improve the way they conform with both the wider Mental Capacity Act and the Deprivation of Liberty Safeguards?*

*-- **Make sure we give sufficient weighting to this in our characteristics of good?***

*-- If providers do not meet the requirements of the MCA and the Deprivation of Liberty Safeguards, apply limiters (meaning a service could not be better than requires improvement) in a proportionate way to ratings at key question level?*

*-- In other ways?*

We think this should be covered by option 1 above. Limiters area very blunt tool and if the impact of poor compliance or understanding of the MCA is significant, then this will be picked up through other aspects of the inspection

**We have described the key people and organisations we will work with and how we will do this.**

*5. Do you think that this approach is likely to be effective in supporting our work?*

- We think it is essential to hear the views of a range of stakeholders. Students at specialist colleges are likely to come from a wide range of different LAs, so consideration will need to be given about how to liaise most effectively
- Closer links with providers will always be valuable and are to be welcomed. We would also value a named contact with Natspec; some recent contacts with CQC over various issues have been particularly valuable
- Ofsted is an important additional contact with regard to specialist colleges

*6. What other ways could we gather the views of all the people we need to hear from including seldom heard groups?*

- It will be important to have inspectors with skills and expertise in communicating with young people who use a wide range of communication strategies, including signs, objects of reference, assistive technology etc.

*7. Do you think the best time to request information from providers is:*

*-- In the weeks before the inspection?*

*-- Annually*

*-- Annually but with the opportunity for providers to update at any time?*

- We think the approach highlighted above allows the most flexibility for providers and enables them to update information in line with their own planning and quality assurance cycles

*8. Do you agree that the five questions are equally important and should be equally rated when reaching our overall rating for the service?*

- Yes

*9. Do you agree with the principles, guidelines and limiters above for arriving at an overall rating? Is there anything else we should include?*

- Yes, we agree with the approach and the clarity with which the aggregated grades are outlined

*10. Do you agree the test of 'severity of harm' is the right test for our inspectors to apply when determining whether the key question should be rated requires improvement or inadequate?*

- It is not clear how 'severity' will be determined or by whom. Harm may take many different forms such as physical, emotional, psychological etc. For example, someone on the autism spectrum may find changes in routine very challenging, and if these take place repeatedly, it might severely reduce their ability to function. Would this be severe harm? We would like to see clearer definitions of the range of outcomes that could inform this judgment

*11. Are there ways in which we could promote learning between providers and services, particularly where we have identified outstanding care?*

- We think that exposing very poor practice has been extremely important and must continue. However this focus has detracted from identifying examples of excellent services, which is equally important. We hope that the new approach will ensure that inspectors note and share these widely, perhaps through a 'good practice' section on the CQC website

*12. Do you agree with the grounds on which providers can challenge their inspection reports and ask for a review of their ratings? Do you feel confident that the proposed reviews process is sufficiently clear and robust?*

- We hope that the broad interpretation of 'factual accuracy' will ensure that ratings can genuinely be challenged if all the evidence has not been properly considered.
- It is important that providers have confidence in the consistency of the approach and judgments across all similar services

## Equality and Human Rights

13. We want to know whether you agree with our approach to human rights. Please see our separate **human rights approach document**, in which we are asking a number of questions.

- We support this approach, but think that the documentation is long and complex
- We agree with the human rights principles identified
- We agree that staff must have their human rights protected and respected. We do not think that staff whose rights are not protected can be empowered to protect and respect the human rights of those they support and care for.

14. We would also like your comments on our **equality and human rights duties impact analysis**.

## Potential use of mystery shoppers and hidden cameras

15. Is it the role of CQC to undertake such activity?

- No, we do not believe this is an appropriate approach. We would prefer to see more time spent talking to students and their families/carers/supporters

16. If so under what circumstances do you think CQC would be justified in using covert surveillance techniques?

- We think this should be used only in very extreme circumstances and as a last resort if there was no other way to confirm evidence of severe malpractice

17. Would the use of mystery shoppers improve CQC's ability to assess the quality of care?

- No, we cannot see how this would work. Using a mystery shopper approach might be a way to check out a specific claim, for example if a service said it offered a particular facility, but it would be difficult to test out quality of care