Department of Health

The future regulation of health and adult social care

Consultation questionnaire

Thank you for taking time to give us your views about the issues raised in the future regulation of health and adult social care consultation.

The consultation closes on 17 June 2008.

You will need to refer back to consultation document as you go through the questionnaire.

Please send your completed response to:

Consultation Response
Room 5W55 Quarry House
Quarry Hill
Leeds
LS2 7UE

or e-mail: registration.consultation@dh.gsi.gov.uk

About yourself

It will help us to analyse the responses we receive if you fill in a few details about yourself.

Confidentiality: Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information that you have provided to be confidential. If we receive a request for disclosure of the information we will take full account of your request, but we cannot give an assurance that confidentiality can be maintained. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and, in the majority of circumstances, this will mean that your personal data will not be disclosed to third parties.

Name

John Dickinson

Job title

Head of Shared Lives Service

Organisation

NAAPS UK is a charity which represents the interests of all those involved in Shared Lives (formerly Adult Placement), other Small Community Services and Homeshare and promotes high standards of practice.

NAAPS has just over 4000 members. Our membership includes those involved in delivering very small, individualised, community-based services such as Shared Lives and who share a commitment to services that:

- Are small flexible and person-centred
- Are provided by families and individuals in local communities
- Allow someone to live the life that they chose at the heart of their community
- Value the person and their gifts
- Promote independence and choice
- Promote diversity and equality of opportunity

Shared Lives is a service provided by individuals and families (SL Carers) in local communities. It is tightly defined and key distinguishing features include:

- Placements are part of organised SL Schemes that approve and train the SL Carers, receive referrals, match the needs of service users with SL Carers, and monitor the placements
- People using Shared Lives services have the opportunity to be part of the SL Carer's family and social networks
- SL Carers do not employ staff to provide care to the people placed with them

Shared Lives is a regulated service in which the Scheme is registered and inspected Shared Lives Carers are self employed.

Are you replying as an individual or on behalf of an organisation or group (please put an x in the appropriate box)?

	Individual
X	Group

If you are responding as an individual, do you work in health, social care or are you a member of the public?

	health
X	social care
	member of the public

Did you hold a meeting to discuss the document?

X	yes
	no

If the views you are submitting are the outcome of a meeting, can you describe what kind of people were at the meeting (for example, was it a group of people within an organisation, a group of people from across different organisations, a patient forum etc)?

The views expressed are from 4 separate consultation events and an Email consultation covering our wider membership. One event was with NAAPS staff groups covering the full range of our services and three were with our Shared Lives (formerly Adult Placement) provider organisations.

We may wish to contact you to discuss your comments. If you are happy to do so, please fill in your contact details - that could be an e-mail address, phone number or postal address.

john@naaps.org.uk
tel: 07739819825
NAAPS
6 The Cotton Exchange
Old Hall Street
Liverpool L3 9LQ

The details you provide here will not be shared with any third party.

Chapter 2: Registration requirements for essential safety and quality

You will be asked for your comments on the individual requirements later in the questionnaire.

We propose to introduce a generic set of registration requirements (set out in regulations) for all providers offering services that are within scope. These requirements will be supplemented by compliance criteria, to be developed by the Care Quality Commission, that are specific to the type of activity. These will be consulted on at a later date. Do you agree with this approach? Do you have any comments?

We agree with the proposal that registration for all health and social care services should be against a single set of requirements. This should help to ensure a consistent approach and help to bring about a unified sense of direction for all services. The work that we have viewed so far is encouraging, is clear and, subject to a proportional approach being adopted in the production of compliance criteria, seems to be realistic. However, we do have concerns that the actual conditions in the detailed regulations may tend towards large mainstream providers. This has happened with the current regulations and there will be a need to ensure that the compliance criteria do take a proportionate approach particularly to very small providers and to individually tailored services.

Are the areas covered by the registration requirements (set out in Annex A) the right ones to provide the assurance of the essential levels of safety and quality that we are aiming for? If not, are there any we need to add or take out?

Yes, the areas covered do seem to be universally applicable but we feel there is an overemphasis on health related rather than social outcomes. This we feel could perpetuate the 'medical model' of care rather than the 'social' one. It feels very much like a framework that will encourage services to 'do to' and for people rather than encourage independence and support people to take responsibility for themselves. For example with managing medicines it appears that all medication will be managed for people when the starting point should be that all people manage their own medication unless they are unable to.
The tone also appears to be very risk averse.

Does the wording of the registration requirements in Annex A provide appropriate coverage of these areas? If not, what do we need to add?

- Many services are provided by self employed people that do not employ staff, Shared Lives (formerly Adult Placement, is an example of this along with many independent micro providers. As services are being more individually developed then the development of single or partner run services will increase.
- Shared Lives Schemes provide services through self employed Shared Lives Carers who are not 'employees' of the Scheme.

The universal use of the word workers rather than staff would help to ensure that there isn't an uncomfortable fit between the regulation and reality. The language used to describe the detailed individual requirements should be reviewed to ensure that it is applicable to the whole range of services including Shared Lives and those provided by self employed people who do not employ staff.

Are there any overlaps, or gaps or unintended consequences that will not be picked up by other parts of the system? If so, what are they?

There are some inevitable overlaps in the three areas 15 worker safety, 16 worker competence and 17 worker support but this does emphasise the need to ensure that those directly providing care are fit to do so. Again we would urge a proportionate approach in terms of individual learning requirements particularly for individually tailored very small providers.

An unintended consequence of 16 if clear guidance on staffing levels with proportionality is not given is that individual inspectors may apply their own criteria which may lead to inconsistencies and unreasonable or inappropriate demands being placed on very small providers.

What are your views on the transition arrangements for existing providers to enter the new registration system?

These appear to be reasonable and we particularly are encouraged by the proposal to give a year during which the three current regulators will continue to operate with existing processes.

Chapter 3: Scope - which health and adult social care services should be registered?

You will be able to comment on the specific activity topics in Annex B of the document later in the questionnaire.

Do you agree with our proposed list of regulated activities in Annex B to be included within the scope of registration?

	yes
no	no
	don't know

Are there any high-risk services not covered? If so, what are they?

Shared Lives (formerly Adult Placement) does not appear as a discrete activity and falls somewhere between personal care and accommodation with care. The former category of personal care would appear to exclude much of what Shared Lives is about because it is limited to personal care defined as 'prompting and supervision where the person lacks mental capacity to perform ..... personal care tasks for themselves without such support'. This could exclude a considerable amount of current Shared Lives provision from any regulatory requirement. The latter category of accommodation with care is clearly focussed on a residential care model of activity which could through compliance criteria draw Shared Lives back into that model. This happened when the current regulatory framework was first introduced and because people's homes were treated as if they were care homes many services closed down. Also Shared Lives does more than provide accommodation and care. It also provides day time support outside of the home. We strongly feel that Shared Lives (formerly Adult Placement) ought to be included as a discrete activity, as it is within the current regulatory framework.

Some members are concerned at the exclusion of any Day Services from Regulation but others are in agreement with the general exclusion except perhaps in the case of large day centres which provide personal care.

A number of members feel that agencies providing brokerage and support for direct payments recipients along with counselling, advocacy and mentoring services should be subject to some form of Regulation. However, because they do not fall within the scope of regulated activity as defined we would agree that they should not come within these proposed regulations.

Have we proposed any inappropriate registration of lower-risk services? If so, which are they?

The more focussed services are on the local community the more likely that people who have personal care needs are going to engage in ordinary activity in the community. Unless parameters are carefully drawn an unintended consequence could be to bring within regulation support provided by ordinary members of the community.

What are your views on the exclusion of non-urgent patient transport services under the Emergency and Urgent Care activity topic?

No comments

What are your views on the proposals for the registration of agencies who supply workers to other registered providers, under the 'Personal Care' and 'Nursing Care' activity topics?

We feel that these agencies should be subject to some form of registration to assure confidence in regulated services that may use their services. As it is also proposed that employment agencies who directly supply nurses and care staff to individuals should continue

to be regulated (and this it would seem will be an increasing trend) then the appropriate regulator would seem to be CQC.

Are the activities for registration described at the right level of detail, given that they will be underpinned by more specific and legally enforceable regulations? If not, what do we need to change?

Too much detail could perpetuate the current confusion which exists between Regulation and NMS. Our view is that the greater detail should be in compliance criteria.

Is there a risk of inappropriately de regulating high-risk activities in this approach? If so, what do we need to do to avoid that?

Yes. Shared Lives (formerly Adult Placement) which is a community based service could in many instances be de regulated. The primary aim of Shared Lives is not in many instances the provision of personal care. It is to provide an ordinary life experience in a family setting. This would particularly be the case where people have moderate learning disabilities or have a mental health problem. If the policy intention is to include all Shared Lives activity within the scope of regulation then it should be separately identified as a discreet activity.

Have we determined the right situations in which to register a manager? If not, what do we need to change?

We feel it is important to have an identifiable registered manager for each unit of service as a means of ensuring local accountability. We do however feel that a proportionate approach needs to be placed on what is required of the manager particularly in the case of very small services.

Chapter 4: Registration of primary care

Does the list of activities in Annex B appropriately capture the services, where people might be at risk of harm provided in primary care settings? In particular, do you agree with our proposal that ultimately all GP and primary dental services should be within the scope of registration? If not, what are your views?

Yes
We strongly feel that GP and primary dental services should come within the scope of registration at the same time as other services.

Does the list of activities in Annex B inappropriately capture some services that are less likely to cause harm when provided in primary care settings? If so, what are they?

No

What information would you expect the new Commission to draw on when making decisions? How could it best do this?

The AQAA currently used within Social Care regulation is we feel a good model that could comfortably transfer to health services.

What is the scope for rationalising the existing requirements on primary care providers if a registration system is introduced?

We assume that the current requirements are around contract compliance and professional conduct both of which run separately to a focus on outcomes for patients

When should services provided in primary care settings be required to register? Should we phase in registration?

NAAPS members do not feel that phasing is appropriate for any service.

If we do phase in registration, how should we determine the services to be captured?

N/A

Is our assessment of the costs and benefits in our accompanying Impact Assessment (available on the DH website, alongside the consultation document) reasonable? Do you have any additional information on impact that we could use?

No comments

Annex A: Proposed topics for registration requirements - for essential levels of safety and quality

If you have any specific comments on any of the proposed registration requirements, please tell us about them here.

You will need to refer back to Annex A of the document to see the detailed explanation of the requirement.

Requirement 1. Making sure people get care and treatment that meets their needs safely and effectively

Much will depend on what goes into compliance criteria. In the example given for social care we would suggest using ‘person centred approaches which take account of peoples’ changing needs’ rather than ‘person centred planning’(which is a specific process not applicable to everyone) and also to add in after independence ‘choice and control’. Also suggest dropping institutionalised care as easily confused with institutional care.

Requirement 2. Safeguarding people when they are vulnerable

NAAPS members are happy with this requirement

Requirement 3. Managing cleanliness, hygiene and infection control

This is clearly focussed on hospitals and residential settings. Compliance criteria in this area for community settings will need to recognise that ordinary domestic premises cannot be treated in the same way as institutional settings. Compliance criteria should focus on an advisory approach and not subject to inspection of any domestic premises including Shared Lives (formerly Adult Placement).
Shared Lives Carers that provide support in community settings or in the home of the service user cannot take direct responsibility for cleanliness, hygiene and infection control.

Requirement 4. Managing medicines safely

The requirement should start with the premise that people self medicate and only receive level of assistance they require. Medication is only administered if the person lacks capacity to self administer.
Compliance criteria will need to ensure distinction is made between domestic settings and institutional settings

Requirement 5. Making sure people get the nourishment they need

NAAPS members working as they do in ordinary household settings take the view that there is more to eating and meals than just nourishment. Whilst nourishment is clearly important there is a whole social context to meals which does need to be taken into account. Compliance criteria will therefore need to take account of this and be sensitive to the particular setting.

Requirement 6. Making sure people get care and treatment in safe, suitable places which supports their independence, privacy and personal dignity

We are absolutely committed to the principles which support people’s rights to independence, privacy and independence. Because Shared Lives takes place in ordinary domestic settings

compliance criteria and methodology will need to take account of this but without compromising the principles.

Requirement 7. Using equipment that is safe and suitable for people's care and treatment and supports people's independence, privacy and personal dignity

The wording of this requirement needs to take account of situations where the equipment is in a person's own home including in a Shared Lives (Adult Placement) arrangement.

Requirement 8. Involving people in making informed decisions about their care and treatment

Compliance criteria and methodology should focus on a person centred approach in all settings. Any mention of information provision should state need for this to be in a format suitable to the individual. Whilst taking account of the views of relatives should be seen as important it should also be acknowledged that these do not always coincide with the desires and best interests of the individual.

Requirement 9. Getting people's ongoing agreement to care and treatment

Agree. Again should refer to person centred approaches rather than plans.

Requirement 10. Responding to people's comments and complaints

Agree

Requirement 11. Supporting people to be independent

Need to be clear about what is meant by 'Independent'. This should not be defined narrowly as people living in their own tenancy. Any definition of independence should start with the premise that people can act independently in one particular area of life but may need assistance in another. I.e. approach shouldn't assume dependence
It would be helpful if the example included more ambitious descriptions of independent activity – work, volunteering, developing skills (not just independence skills)

Requirement 12. Respecting people and their families and carers

The title does not properly reflect the detailed explanation of what is included in this requirement. At the very least the word 'friends' should be added to the title. It needs to be acknowledged that sometimes families are not working in the best interests of the individual
Compliance criteria should be appropriate to the setting as current example given is a care home.

Requirement 13. Having arrangements for risk management, quality assurance and clinical governance

NAAPS members fully support the principle but highlight the need to ensure that compliance criteria need to be proportionate to the setting and focus on outcomes. This is an area where it is possible to create systems that measure absolutely everything with no real value to the

end user. The critical areas would be feedback from services users about how the service has changed their life, information from the complaints and compliments system and feedback from external stakeholders.

Requirement 14. Keeping records about the provision of care and treatment

Record keeping is clearly important but these need to be proportionate to the setting and also accessible to people using the service.

Requirement 15. Checking that workers are safe and competent to give people the care and treatment they need

We feel it important to emphasise need for workers to have the knowledge and skills to carry out the activity in which they are engaged and that evidencing this should be proportionate to the service in which they operate. This is more important than a one size fits all qualification frameworks.
Also the term worker needs to more clearly defined, particularly for community settings. We should not reach a situation where people who are vulnerable or have care needs can only have contact in their daily lives with people who are fully qualified, accredited care workers.

Requirement 16. Having enough competent staff to give people the care and treatment they need

Compliance criteria are vital here and need to be appropriate to the setting and service. Without specific and appropriate measurements this could be open to wide interpretation by individual inspectors with potential to place unreasonable and inappropriate demands on service providers

Requirement 17. Supporting workers to give people the care and treatment they need

Worker support and supervision is important but compliance criteria will need to take be appropriate to the setting of the service and situations such as Shared Lives where the workers directly supporting people are self employed and not employees of the service.

Requirement 18. Working effectively with other services

This is an important area but measures will need to be very broad and not just focussed on other regulated services, as given in the example. Some very small discreet services may not have opportunities to demonstrate partnership working in that sense but may be engaged with a whole range of leisure and social activities in the local community.

Annex B: Scope

If you have any specific comments on our proposals for the scope of regulation please tell us about them here.

You will need to refer back to Annex B of the document to see the lists of activities.

Do you have any comments on the proposals under the activity topic: **Personal care**

The focus on personal care (even with the broader definition of prompting and support with bodily functions) could have the unintended consequence of excluding much Shared Lives activity from Regulation. We believe that it is important that all Shared Live activity is regulated and that Shared Lives should therefore be a specified activity requiring Regulation

Do you have any comments on the proposals under the activity topic: **Accommodation together with personal or nursing care**

Very much an institutional model and doesn't fit with Shared Lives (formerly Adult Placement) Shared Lives needs to be defined as a discreet activity requiring Regulation.

Do you have any comments on the proposals under the activity topic: **Accommodation together with intensive treatments**

No

Do you have any comments on the proposals under the activity topic: **Accommodation together with personal care and further education**

No

Do you have any comments on the proposals under the activity topic: **Palliative care**

No

Do you have any comments on the proposals under the activity topic: **Surgical services**

No

Do you have any comments on the proposals under the activity topic: **Dental services**

No

Do you have any comments on the proposals under the activity topic: **Diagnostic services**

No

Do you have any comments on the proposals under the activity topic: **Specialist medical services**

No

Do you have any comments on the proposals under the activity topic: **Emergency and urgent care**

No

Do you have any comments on the proposals under the activity topic: **Maternity services – obstetrics and gynaecology**

No

Do you have any comments on the proposals under the activity topic: **Termination of pregnancy**

No

Do you have any comments on the proposals under the activity topic: **Specialist mental health services**

No

Do you have any comments on the proposals under the activity topic: **Detention or deprivation of liberty for care or treatment**

No

Do you have any comments on the proposals under the activity topic: **Nursing care**

No

Do you have any comments on the proposals under the activity topic: **Prescribing, administration, sale and supply of medicines**

No

Do you have any comments on the proposals under the activity topic: **Therapies**

No

Do you have any comments on the proposals under the activity topic: **Telemedicine and telecare**

No

Do you have any comments on the proposals under the activity topic: **Primary medical services**

No

Equalities Monitoring
You do not have to complete these questions if you do not wish to but it will help us to understand the views of different groups.

The information you provide will be treated as confidential. It will not be saved by the Department of Health once the consultation has been completed. It will not be shared with any other person or organisation.

The ethnic groups used are standard categories for collecting ethnic group information. Using these codes will help us to analyse the responses we get to the consultation. The list of groups is designed to allow most people to identify themselves. The list is not intended to leave out any groups of people but to keep the collection of ethnic information simple.

Ethnicity
Please indicate your ethnic group

X	White British
	White Irish
	Any different White background
	White and Black Caribbean
	White and Black African
	White and Asian
	Any different mixed background
	Indian
	Pakistani
	Bangladeshi
	Any different Asian background
	Black Caribbean
	Black African
	Any different Black background
	Chinese

If your ethnic group is not in the list, please fill in the box below

Disabilities or impairments
If you have an impairment, please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, you may wish to fill in the "other impairment" box, specifying the type of impairment:

	physical impairment - such as difficulty using your arms or mobility issues which means using a wheelchair or crutches
	sensory impairment - such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment
	mental health condition - such as depression or schizophrenia
	learning disability/difficulty
	autistic spectrum disorder
	long-standing illness or health condition such as cancer
	HIV
	diabetes
	chronic heart disease
	epilepsy

Other impairment - please state.

Age
Please click in the button that shows your age

	under 25
	25-34
	35-44
	45-54
X	55-64
	65 or over

Thank you for completing the questionnaire.

Please send your completed response to:

Consultation Response
Room 5W55 Quarry House
Quarry Hill
Leeds
LS2 7UE

or e-mail: registration.consultation@dh.gsi.gov.uk