Re-imagining the rules

Micro providers / community entrepreneurs

New ways of regulating to support new ways of providing social care support

September 2020

Modern person-centred values, financial pressures and creative thinking stimulating growth of new service models for both unregulated & unregulated providers

Innovative modelling

New providers and approaches committed to models and characteristics such as:

- Engaging / fostering locally co-produced circles of care / community networking-building / 'onion' / gift relationship models

- Self-managed teams with distributed responsibility (flat, not hierarchical)

- Mentoring / buddying rather than traditional 'supervision' & training methods

- Community building

- Profound choice and control for people

- Exploiting the full potential of information technology

- Few if any bricks and mortar

It gets in the way, is a distraction, and disempowers people

- Complicated, hard to fill in forms etc only fit for larger and traditional businesses

- Expensive fees & other zero gain added costs

- Registered manager requirement experienced as an inflexible burden

- Bureaucratic experience and qualifications requirements

- Too much emphasis on business structures, systems, policies and recording

- Inflexible, out of touch & out of date assumptions about 'supervision'

- Risk averse hazard management used to control people

- Blocks / impedes support and cooperation between care workers

- Nit-picking and out to get them

Compounded by some poor real life experiences of registration

But there are risks and gaps

Most unregulated arrangements work very well and are popular with people, but…

- Legal constraints

- Unsuitable people can get intimate access to people who can be very vulnerable

- Well motivated, decent care workers may not know what they don't know

- Lack of access to experienced and knowledgeable mentors / buddies

- Where do you go with complaints and concerns

- Taxation / risk of employer obligations (employed / self employed)

- Lack of regulated choice

NB: CQC has no plan or ambition to propose the regulation of personal assistants or introductory agencies that meet current exemption rules, and there are no changes in the regulations planned or coming to change them.

We need to be an enabler not a barrier

- How we regulate has a big impact on the ability of providers to develop and adopt innovative models of care

- Regulation can sometimes be experienced as a barrier to innovation. Sometimes an issue of perception but sometimes is driven by the way we regulate. So we.....

Looked to define good innovation and how we can regulate for that

- Worked with providers, service users and partner organisations to understand what "good innovation" looks like

- Designed approaches to regulating that better supports and encourages innovative providers
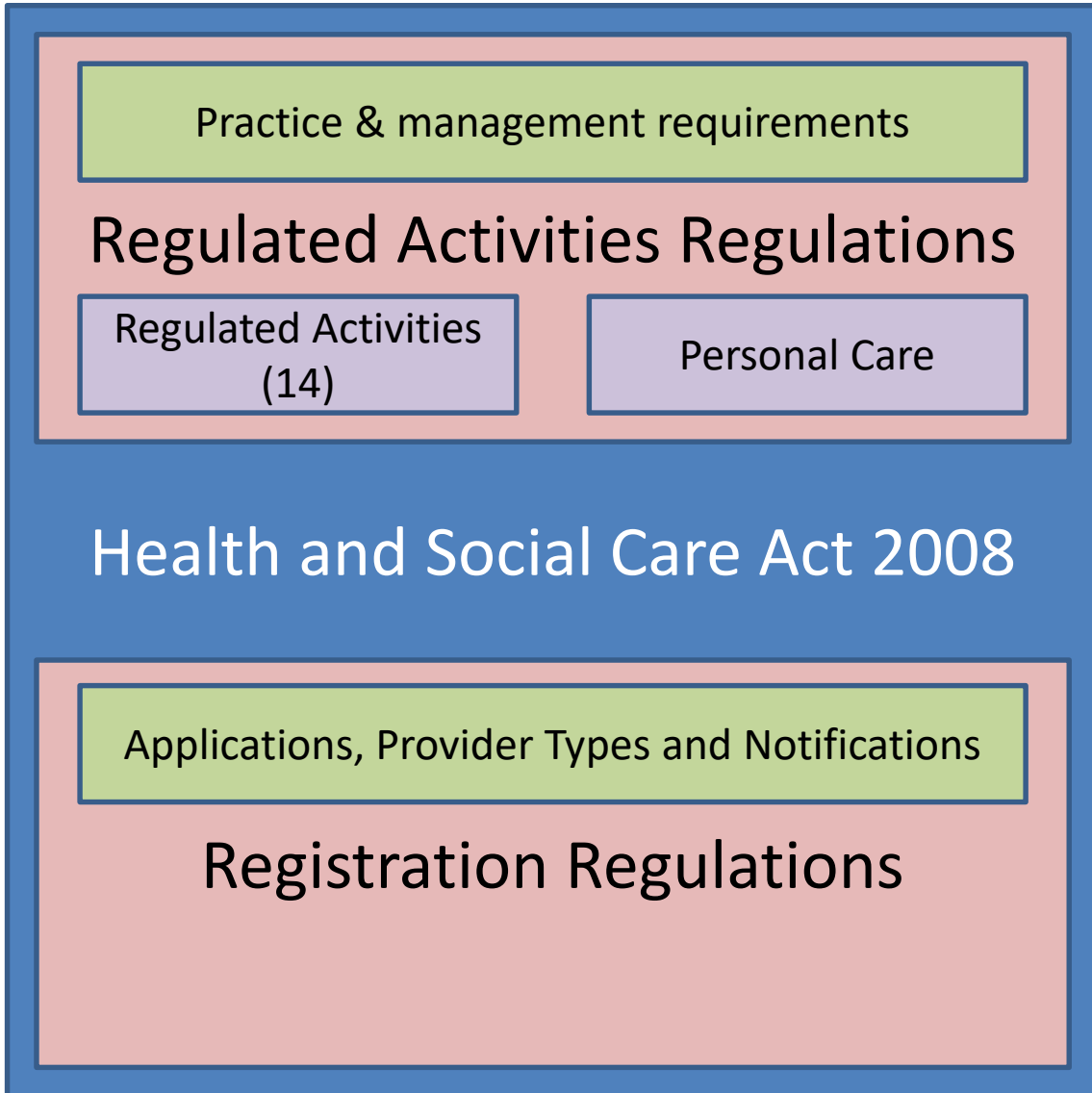
Created some regulatory 'sandboxes' to test the new approaches

- Sandboxing is a more proactive and collaborative way of working with new service types to understand how to regulate them effectively

- We received a grant from Govt to explore how it could work in health and social care

Providing a personal care service is regulated unless it is restricted to…

- Supplying care workers to other organisations that provide personal care.

- Introducing care workers to clients but having no 'ongoing role' in the direction and control of the personal care provided ('Introductory Agencies').

- Personal care provided by an individual care worker who is 'wholly under the direction and control' of the person paying for their services (or a 'related third party' such as a close family member) ('Personal Assistants')

As a result of sandbox learning we are developing new guidance on what this means in detail; currently with stakeholders for comment.

Potential new service type articulated and set up for testing

Regulated 'Umbrella Bodies' (UBs) for micro community-based care and support enterprises – informed by the 'Shared Lives' model

- UBs recruit people who want to work in their local areas as paid carers in co-produced care relationships with people living in their own homes
- Values-based recruitment
- Match with people who want a care at home service
- Play a part in co-producing agreements on how care and support will be provided and reviewed
- Mentor / support care workers to identify and gain new skills and knowledge as needed
- Community networking, circles of support / asset and strengths-based practice model
- Distributed responsibility / self-managed team model
- Mentoring and learning approach to risks and issues, intervene if needed

Live applications

Sandbox Activity

Problem Definition with key stakeholders

Invitation for providers to apply to join the sandbox project, published selection criteria

Six providers selected

Wider stakeholder group identified / recruited; considerable networking activity

Two scene setting workshops for providers and stakeholders, designed to discuss and refine the characteristics of a new service type

Project handbook and application for registration form co-developed

Providers developed and submitted applications for registration

Pause due to COVID-19

The COVID-19 pause

Sandbox activity paused as CQC policy resources diverted to developing our regulatory methods for initial emergency period and beyond

Resources still an issue: major new policy team commitments, my retirement

Currently gathering and analysing the learning there is to inform next steps decision.

Options:

1. Continue to develop a new service type

2. Adapt & develop DCS service type & regulatory methodologies to better accommodate innovative care at home services

Context of successful and improving application / inspection experiences and Outstanding ratings with comparable providers