Out with compliance and in with love and creativity.

John Burton May 2018

Add companionship, intimacy, autonomy, family and community.

If you had to choose - which you don't of course - between being a compliant person and a non-compliant person, which would you choose? Hands up those who see themselves as compliant?
And non-compliant?

Well, I see it as my job to try to persuade you that we should be very wary of making compliance our purpose in social care. Indeed, I'd like to persuade you that our focus on compliance is driving out the true ethos of social care. Compliance is strangling social care.

Donald Winnicott said that "**compliance carries with it a sense of futility for the individual and is associated with the idea that nothing matters and that life is not worth living."**

So, a care home that is run simply to be "compliant" is unlikely to be a good place in which to live or work. Compliance is alien to the ethos, principles and good practice of the social care profession and residential social work.

Compliance is a negative and submissive concept.
Accountable autonomy means that you make up your own mind about things and take responsibility for the consequences.

Nothing ever grew and developed, no initiative or advance was ever made by compliance. Compliance is static and life is for living, and human beings are social beings who are dependent on one another. We all require love, care, family, community and relationships to grow and survive physically and emotionally. But these are things that cannot be measured with any certainty.

The notion of compliance could only be of use to check important but secondary technical services to a home, and such checks should be made by suitably qualified and experienced technicians. For example, if there's a lift, it must be properly maintained, medication managed well and accounted for, and food stored and prepared safely, but such compliance is not the primary purpose of a care home.

I trained and qualified as a residential worker or residential social worker – I trained to practise and to manage – received a thorough grounding in such areas as human/child growth and development, loss and change, social psychology, group processes, community and institutionalisation, leadership, ethics, ageing and society, social work methods, social policy, counselling,

dependency and power relationships, family and individual therapy, and so on.

We were encouraged to enquire, to challenge, explore, and debate ideas. We thought, read, and argued. We were not taught “compliance”. Courses differed and, of course some were better than others, but I very much doubt if any residential social work course ever mentioned “compliance”.

No, I’m wrong. In the early 70s, when I did my qualifying training, the word compliance described a worrying aspect of, for example, children whose infancy and early years had compelled them to keep their heads down and to find a way of surviving the hostile and persecutory world around them.

The notion that a children’s home where such “compliant” children may live and be cared for, would itself need to be “compliant” would question the whole basis of therapeutic residential care and community. With the care of adults, we might take compliance in a resident of a care home to indicate that they may be being abused, bullied or medicated, while they attempted to avoid further pain and humiliation by withdrawing into themselves and being “quiet”, compliant and unnoticed. “No trouble.”

In England, residential care (for people of all ages) is caught up in what the machine of regulation and inspection has created – compliance. We will break free of the constraints of compliance only if we start acting like professionals and leaders of our care communities. We must stop acting like quiet, frightened, compliant children, anxious to please by fitting in with people in authority - like strict, oppressive parents - and the rules and restrictions they impose on us. We must grow up, join forces in taking responsibility for our own profession, and lead the development of care homes as highly valued local centres of care and support. Accountable autonomy has to be actively built and enacted.

In England, the national regulators have turned social care upside-down. Instead of the needs of users instigating the form and operation of care services, and those services being designed and managed at a local level to meet those needs, the regulators have imposed their misinformed and blinkered design for care. This top-down approach has in turn spawned a new layer of quality-assurance, management and consultancy which is now seen as essential to prove to the regulators that providers are compliant. And in adult care this self-perpetuating arrangement flourishes alongside the cosy pretence of personalisation. Compliance-centred is the very opposite of “person-centred” care.

As leaders and managers of social care we need

- to tolerate and contain uncertainty, ambiguity and complexity without resorting to simplistic splitting into good/bad, us/them, compliant and non-compliant
- We need to self-authorise, to find our professional and personal authority, and to find the courage to act in situations where there is no obvious right thing to do - where there is no rule-book or procedure
- We must explore reflexivity, that is, take ourselves as objects of inquiry and curiosity and hence to be able to suspend belief about ourselves; all this as a way of sustaining a critical approach to ourselves, our values and beliefs, our strengths and weaknesses, the nature of our power and authority, and so on
- We have to contain emotions such as anger, resentment, hope and cynicism without suppressing them and hence to be both passionate and thoughtful.

The malignant effect of compliance does not merely "filter" softly down to the way residents are treated, it is – albeit unwittingly – aimed directly at them and blights their lives.

In England. the last 16 years of national regulation and inspection has been disastrous. Our regulator, the Care Quality Commission, claims to "ensure the quality of social care". Much as government would like to **ensure** the quality of care, it cannot be done. It is a ridiculous and dishonest claim.

The job of the regulator is to check that people's care is good enough. The standards and their interpretation have become far too complicated and prescriptive, so, rather than checking that the care itself is good enough, the regulator concentrates on the more easily measured standards and how they are being followed in the provider's written records and procedures.

This results in the provider matching the regulator's obsession with records and procedures at the expense of relationship-based care. Instead of enhancing the quality of care, the effect of regulation and inspection is to come between and block the therapeutic relationship between care worker and resident.

A social and therapeutic setting such as a care home is immensely complex, and operates on several levels, many of which are hidden or beneath the surface.

Inspectors rely very heavily on what is - or is not - recorded, in other words, written documents (statements of purpose, care plans etc). The CQC continues to hold to the myth that "if it isn't recorded, it didn't happen" when, quite frequently, the very opposite is true. If the inspectors rely so heavily on records in their assessment of a care service, then the record becomes more important than the action. And, if time is

limited and they have to make a choice, staff will record what did not happen but should have.

If inspectors fail to understand what is going both above and beneath the surface in a care home and why it might be happening, but instead rely on the so-called evidence of the records and on policies and procedures that they have demanded should be written for them, inspection becomes a version of marking homework - ticks and crosses and marks out of ten.

One of the most basic problems with the way the CQC now operates and is organised is that it is actually quite unlikely that serious problems with care homes will be picked up by inspection itself. And, if CQC inspectors are not expected to be directly responsive - to a relative's concern when visiting a resident, for example - concerns are left to accumulate and,
in theory, to build up a picture of a failing home which only then will trigger an inspection . . . and still, sometimes, the inspector fails to see what is wrong because the home appears to be compliant with measurable standards.

Inspectors gather "evidence" and take it back to the CQC for the judgement to be calculated from the evidence they have gathered. A report goes through several processes before the draft is sent to the providers.
It goes to the inspector's manager, to the manager's manager, and to the "quality control" section. Some have to pass through other specialist (and even regional and national) monitoring groups) to reach its conclusions. Judgement about the rating is not made by the inspector, but emerges from what is claimed to be a "rigorous and robust" system of quality control.

The CQC's inspection reports are poorly written: full of jargon and acronyms, repetitive, clumsy, long-winded and difficult to find your
way around. Although the primary readership must be the existing and potential residents and their relatives, and of course the public, these reports don't seem to be written with them in mind, and the inspector can't be contacted directly by a member of the public, not even by residents and their relatives.

The CQC now completely dominates social care and thereby the jobs
of social care workers and managers, and people's personal, private and social lives and relationships when receiving care. Everything has to be done by the CQC book (a book that is forever being rewritten). It has dreadful effects, not least the disproportionate time and effort expended on recording that everything has been done by the book (even when it wasn't). Much that has to be written down is untrue, and that makes liars out of people who are trying to do a good job. The re-introduction of quality ratings has made it even worse. We have allowed this to happen partly because criticism of the regulator has been seen as taking the side of the poor providers, but also because the larger providers and care organisations have learned how to get good ratings, and this gives them a commercial advantage over

organisations that prioritise giving good care over getting good marks in their tests (ratings and inspections).

The whole process of registration, regulation and inspection has become so complicated and demanding that it can't be accomplished without making a major investment of time and money, and the involvement of professional consultancies, solicitors, and other advisers. It has become more difficult - now almost impossible - for a single operator, for a small group of colleagues forming a co-op, for small voluntary organisation, or for a partnership of carers and cared-for to set up a local service whether it's a care home or care in people's own homes, or a combination of the two. This is so wrong because such initiatives have often been the very best sort of care, and are the very essence of accountable autonomy. One of the heaviest but least recognised costs of the CQC is a steady erosion of the small, local, places and teams where closeness and familiarity made paid-for care much more like familial, neighbourly and friendship - or true community - care. Places such as the one I described yesterday, 22 Liberty Walk, which Joe and Brenda set up, where love, relationships, intimacy and community were the stuff of everyday life.

Any reform and reorganisation of the CQC should make it more effective and responsive, and should enable inspectors to understand how social care works. Inspectors need to be closer and more in touch with the services they are inspecting, so that they can pick up problems before they become serious, and so they can respond quickly to complaints and information from users, staff and public. The CQC should serve the public and therefore should engage directly with the public, without bureaucratic barriers. The costs of inspection should be realistic and understandable to the public who will be the judges of whether the regulator is giving value for money. The CQC should step down from regarding itself as the leading authority in social care practice and management. This can be achieved by dispersing and devolving the CQC and setting up local inspection teams to which users, staff and the rest of the public can have direct access and input.

The purpose of inspection is to check on behalf of the public that social care is good enough, and if it isn't the regulator will require the provider to improve until it is good enough, or to cease providing care. A care service should be required to produce only those records that are needed for the best care of the users. Therefore to check that care is good enough, inspectors will sometimes need to check records and documentation,
but nothing additional should be required solely for the purpose of inspection. Inspection itself should never create additional work for a care home.
20 minutes to here.

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- **Cease dependence on inspection to achieve quality.**
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- **Eliminate slogans, exhortations and targets for the workforce**.
- **Eliminate numerical quotas for the workforce and numerical goals for management.**
- **Remove barriers that rob people of pride of workmanship, and eliminate the annual rating or merit system.**
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So much of what we call management consists in making it difficult for people to work. Peter Drucker

There is nothing so useless as doing efficiently that which should not be done at all. Peter Drucker

Efficiency is doing things right; effectiveness is doing the right things. Peter Drucker