

# Quality Matters



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Last week I attended the launch of Quality Matters. It was a great event, genuinely interactive. At the beginning, 51% of the audience of providers, service users, commissioners, local politicians etc voted that they think they can do a lot to improve quality in social care. Fair enough but why only half the audience? This made me think; people needing care tomorrow haven't got time to wait for it to improve. How helpful is it for public attention to focus solely on the 20% of services that the CQC rate as *"requiring improvement"* or *"inadequate"* when most people will have a good experience of care?

Not that there's ever an excuse for poor care, but actually telling the stories of what good care looks like helps build people's belief and confidence in using and delivering high quality care at the coal face.

We already know what good care looks like and many providers (80% according to the CQC) are delivering it.

Because we can all, at all levels in care, do something to provide quality care and we are probably doing it already. Even in inadequate services, there will be people who are trying to do a good job, to give good care, and who have multiple compassionate, kind, caring and fun interactions with residents during their working day. The more we talk about what good care looks like, the more models and ideas are there for those who aren't yet delivering it and the more it becomes the norm and the expectation. And equally, all of us are only ever as good as our last act of care. In an outstanding home, there may be people who are having an unsatisfactory experience and the home's outstanding rating is therefore meaningless for them. And while it's not ok that anyone should have a poor-quality experience in care, by its nature, care's an imperfect product, based on human relationships and interaction, and to make it person-centred, each person will have to shape their requirements through concerns, requests, and complaints. Good quality care is when the provider responds, tries to get it right, and keeps on trying.

Of course, it's the CQC's job to shine a light on the poor care that still exists, and we will always need that. But let us, as providers and service users, define our own ambition for the care we provide and the care we use. And please let us not get hung up on trying to increase the proportion of *"outstanding"* ratings as the way we raise standards.

I know it's all very well for me to say that but I think that good is good enough. It's up to us (responding to people who experience our services) and not the CQC to define and shape outstanding care (although it's great that they highlight it when they see it). And *"outstanding"* care is different for every person who accesses it.

Earlier in the day of the Quality Matters event, I attended my first meeting of the 'outstanding club'. It was bursting with committed people who were rightly proud of their achievement and excited to share what they do with other providers, yet baffled by the lack of interest from these. And my plea to members of this exclusive club is this: let's not get too up ourselves about what we've achieved, let's focus on using our achievement to confidently share with and learn from other providers, outstanding or not. The differences between a *"good"* and *"outstanding"* service are pretty subtle (although I recognise that there's a wide variation between just avoided *"requires improvement"* and just missed *"outstanding"*). The differences are about passion, and values, and behaviours. And ultimately, they

are about just doing it, whether that's a care worker on the floor in an inadequate service, or a leader in an outstanding one. There's no excuse, we can all do something. Which is why it was good to see that by the end of the Quality Matters launch, over 90% thought they could either do a lot, or something, to improve quality.

**[Vic Rayner spoke about the Quality Matters event in our weekly update published 17/07/2017](#)**

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