Playing the ball not the player. The CQC as *Zeitgeist*: an alternative view

John Burton's observations[1] about the failure of the CQC and its executives may be both accurate and important – both in terms of collateral damage and implied frequency of error. In current parlance it (and they) may often be 'not fit for purpose'.

Yet if this is so, is it then right to imply their personal incompetence or, worse, even malfeasance?

Possibly. But, to my mind, there is a more primary, and certain, notion underlying such individual or institutional failure: it is that the CQC's default method is so often misconceived that much of its mission is inescapably doomed. This is because the current industrial-type inspection model is itself frequently fundamentally unsuitable for much of its task: particularly engaging well with, and then judging, humanly complex situations and systems. In such territory, to keep trying harder with the wrong model will surely widen the discrepancy between any mission and method.

So John Burton documents, I think, what happens when fragile and complex personal care becomes excessively subject to management and inspection regimes that have so over-developed as to become quasi-militaristic.

How and why has this happened?

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First we must realise that these sad institutional follies are themselves symptomatic of what often ails our late industrial age; they represent our *Zeitgeist*. For human care and relationships are very different from manufactured objects, but this difference is all too easily erased from our thinking as our lives become ever more shaped by ubiquitised industries and cybernetics: our ‘progress’. One dangerous yet expedient hazard of our ever-more technology-dependent lives is this: unless we are very careful, zealous pursuit of our ‘efficiency’ can selectively blind us, and then rapidly segue to treat and process people as if they are manufactured objects.

What is the danger here, in managing Welfare services? Well, paradoxically, such humanly-disconnected but apparent ‘efficiency’ will necessarily rebound to false economy – as well as bad humanity – in our subtler aspects of care. The relatively recent marketisation of Welfare has markedly worsened this problem: marketisation reduces further our human relationships and care to manufacturing- types of management and inspection. Such attempts to boost the industrialisation of care almost always widens the gulf between our Welfare’s mission and its methods. So it is that the harder we then ‘drive’ such personal services, the more we wound and disable them.

This, to me, seems a seminal lesson for our communal lives from the last two decades.

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It follows that the CQC's greatest clumsiness and follies are evident in those very situations that have greatest need of our human flexibility and imaginative intelligence. The reason that the CQC often cannot meet these requirements is because it is, itself, limited and determined by *REMIC*.

What is REMIC? It is an acronym for remote management, inspection and compliance: these together are systematised to engineer behavioural compliance throughout Welfare via centrally-controlled methods of surveillance, instruction, inspection and standardisation. REMIC can thus be seen as an equivalent to an air traffic control tower for humans. It has been modelled largely on manufacturing and distribution industries and has only been possible in its present form since our Welfare services' mandatory computerisation.

REMIC is thus an indispensable tool in our Welfare's march towards *Technototalarianism*, and the CQC is therefore an important part of that distancing juggernaut.

The more I have understood this, the less inclined I am to personally criticise the CQC or its officers. Why? Because, clearly, the problem has become *cultural*: part of our way of life that depends on delegating to technology, industrialisation and proceduralism whatever and wherever we can. It is hard, then, not to be a perpetrator, a victim or a bystander to the resulting dictatorship of systems, metrics and templates.

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Recently I retired as an NHS doctor, after serving nearly fifty years. The problems of care (as distinct from treatment) in our NHS are now very similar to widespread reports coming from social care, education, prison and probation services.

I was recently asked to summarise my view of recent decades of change in our NHS. I replied: '*Everything to do with technology has got better; almost everything to do with personal understanding and relationships is worse*.'

How do we help the CQC to be free of this pattern, and to become more part of the solution than the problem?

I have written widely about such questions in the NHS. Because our impasses there are very similar to your struggles in social care, you may find many articles on my Home Page of relevance and resonance.

Dr David Zigmond

www.marco-learningsystems.com/pages/david-zigmond/david-zigmond.html

Reference

1. John Burton. *Caring Times* Blog. 1 October 2018