advice and support for older age
Independent Age

Care Quality Commission Strategy response

March 2016

About Independent Age

Whatever happens as we get older, we all want to remain independent and live life on our own terms. That's why, as well as offering regular friendly contact and a strong campaigning voice, Independent Age can provide you and your family with clear, free and impartial advice on the issues that matter: care and support, money and benefits, health and mobility. A charity founded over 150 years ago, we're independent so you can be.

Speak to one of our advisers for free and confidential advice and information. Lines are open Monday to Friday between 8am – 8pm and 9am -5pm Saturday to Sunday. Freephone 0800 319 6789 or email advice@independentage.org

For more information, visit our website www.independentage.org

Registered charity number 210729

Independent Age Response to the Care Quality Commission strategy 2016 to 2021

1. Introduction

This document sets out Independent Age's response to CQC's strategy document for 2016-2021, 'Shaping the future'. Much of our policy and research work at Independent Age is focused on older people's experiences of social care settings, so it is this part of CQC's remit which we have commented on in most detail. This consultation response draws on intelligence fed to us from the information and advice line that we operate as one of our core services for older people and their families. It also draws on a specific piece of research we are currently running on the information needed by different stakeholders to accurately and reliably assess the quality and safety of care homes. We will be producing a full report detailing our findings on this later in 2016 and would be keen to engage with CQC further as we take this work forward.

We have set out our responses using the broad structure CQC has recommended; in the last section we detail one other area we wish to highlight that is not covered specifically by the strategy themes.

For more information on this submission please contact:
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2. Reflections on the overall vision for the CQC

We welcome the efforts the CQC has made over the past three years to improve the quality of its reporting and put service users at the heart of its model of inspection and regulation. In particular we have been pleased to note:

- Improvements to CQC's website offer such as the launch of an interactive map of care home ratings in England, which should help older people and their families when making choices about care.
- Efforts to establish a more open, transparent culture, evident in the stakeholder symposium events CQC has hosted in recent months, and initiatives such as live streaming of board meetings.
- Improved joint working with other relevant organisations such as the recent information sharing agreement with the Local Government Ombudsman to allow amongst other things, the direct transfer of calls between the two organisations.

With significant progress already made, we were concerned to learn that the CQC has been asked to model budget cuts of 25%. It is hard to see how this level of saving can be achieved without impacting on either the quality or scope of what the CQC does. However, we understand that this is the reality the organisation faces and must plan for.

Although we applaud the ambitious tone of much of the strategy document, we feel the CQC must be realistic about what it can achieve with limited resources.

It is of course important for CQC to try to be innovative in its approach and to ensure that its activities reflect the changing nature of health and social care. However, this cannot be at the expense of its core mission to register, regulate and inspect health and social care providers. So while we agree in principle with some of the new ideas in the strategy, such as assessing quality for populations and local areas, we have tried to use this consultation response to call on CQC to prioritise its core functions.

Acknowledging this challenging context, excellence in partnership with others will be key. It is now more important than ever that the CQC is an organisation that can work effectively with other stakeholders including commissioners, providers, service users and their families to achieve the goal of safe, effective and compassionate services.

Finally, a mark of a good strategy is being clear about what fulfilling it would look like. We understand the final published strategy will set out how CQC will measure whether it has achieved its vision. We reiterate the point made by the National Audit Office (NAO) that CQC must have specific quantified indicators of its own performance relating to all areas of its activity.

3. Greater use of data and information to guide CQC in how it identifies risk, and how it registers and inspects services

In principle, we strongly support the idea that the CQC should make better use of data and information in order to focus its efforts where the risk of poor care is greatest. But CQC can only be 'intelligence driven' if the right intelligence is in place. We do not have a high level of confidence in CQC's ability to assess levels of risk accurately given current data available within adult social care. In July 2015, the National Audit Office (NAO) concluded that the CQC does not have access to routine information about adult social care which is 'good enough' for it to be able to monitor risk[1]. The report also makes clear that even in acute hospital settings, where the data available is much more comprehensive, risk banding does not correlate strongly with inspection ratings. In the case of 50 acute hospitals that were considered to be part of a new intelligent monitoring approach, 2 in 5 of these who went on to be rated as inadequate or requiring improvement were originally contained in the lower risk bands[2]. This finding suggests the need for extreme caution when considering a move to risk-based regulation. We would like to see CQC work towards the development of a much more wide ranging dataset before it considers a move away from regular, location-based inspections.

[1] National Audit Office, Care Quality Commission: Capacity and capability to regulate the quality and safety of adult social care, July 2015. Available online at https://www.nao.org.uk/wp-content/uploads/2015/07/Capacity-and-capability-to-regulate-the-quality-and-safety-of-health-and-adult-social-care.pdf

[2] Ibid., page 33

We have noted recent comments from Peter Wyman about the potential for using social media data as part of CQC's risk monitoring activity[3]. While clearly it's important that CQC draws on all data from as wide a range of sources as possible, we do not anticipate this will constitute a rich source of data for adult social care. We understand that negative comments made on social media might help give an indication of hospital performance. However, experiences of social care are usually about an ongoing interaction, making publicly critical commenting via social media much less likely. We would caution against expecting much strong intelligence for social care from social media monitoring.

4. A single shared view of quality

Independent Age is currently carrying out work to explore how different stakeholder groups perceive 'quality' in care services (our focus has been on quality in care homes, though many of our findings will apply more widely). We believe that any shared view of quality must be shared not only by providers, commissioners and inspectors of health and social care services, but also – crucially – by the people who choose and use them, in order to provide full choice and control.

There is a clear and urgent need for the multiple, overlapping views of quality – and the associated monitoring systems – that exist at present to be consolidated into a single view, as highlighted most recently in the Cabinet Office *Cutting Red Tape* review of the nursing and residential care home sector[4]. The Review found an 'overwhelming concern about the duplication of inspections and information requests [from different public bodies] and a widely expressed concern that this was taking providers away from the delivery of frontline care'. Following the Review, the Department of Health (in partnership with the CQC and others) has been tasked with clarifying and streamlining requests for information, to avoid placing an unnecessary burden on providers. We are keen to see this work programme look at the full range of data on quality of care that should be captured, including additional indicators of quality, where these are lacking. This could include a duty on providers to collect and make available a minimum level of data about their own activities (e.g. HR data on staff turnover, training, etc.) that can then be used by multiple stakeholders.

We are also keen that this view of quality takes into account the perspectives of care service users and their families, and reflects what is important to them when choosing care. Independent Age regularly refers callers to our advice line to the CQC website and inspection reports to help them when trying to choose a care service. At a seminar we ran last year on *What do we know about quality and safety in care homes?*, there was also a general consensus that CQC is a

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[3] BBC News, NHS watchdog to monitor social media care complaints, 13 February 2016. Available online at http://www.bbc.co.uk/news/uk-35568317

[4] Cutting Red Tape: Review of adult social care - residential and nursing home care, March 2016. Available online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/504776/bis-16-150-crt-review-adult-social-care.pdf

natural hub for information on quality and safety, and the first port of call for most people seeking information about a potential care provider.

CQC has already demonstrated a willingness to embrace this role (e.g. through the series of leaflets on *What to expect from a good care service*, as well as other help and advice available on the CQC website) – however, in doing this, it is already arguably going above and beyond its core function. The CQC needs to be clear about the extent to which providing public information falls within its remit.

We recommend that the CQC establish a 'care information working group' with other parties (including, for example, NHS Choices, Care England, United Kingdom Homecare Association, Registered Nursing Home Association, the National Care Forum and information and advice charities) to look at how a shared view of quality, and a shared set of indicators for assessing quality of care, can be adopted by the sector.

The CQC's role in this could be to improve the usability of its own information by:

- Including user reviews on the CQC website[5]. Our own research has shown a strong appetite for both hard and soft data to be gathered together in one place, reversing the trend towards a proliferation of different user review sites
- Displaying quality trends over time for individual providers, so that people can see the inspection history of a provider more easily

We are concerned that at present there can be some variation between what different sources say about the quality of a service (e.g. user reviews are positive, and data shared with NHS Choices reveals no problems, but the CQC rates the home as inadequate). This can mean that people looking for information about different care services are left with a very different impression about their quality, depending on what information they look at. More needs to be done to understand what lies behind these variations, and ensure that people receiving care and their families are able to judge the value of different sources of information.

We have been collecting examples from our Advice line of older peoples' (and their relatives') own experience of care (particularly in care homes) and what things they look for as measures of quality. These include:

- Staff ratios – callers tell us that it is very difficult to provide flexible care when there is no slack in the system
- Bank staff – connected to this is the use of bank staff, who are not able to provide the same consistency of care as permanent staff
- Dementia training – we have heard of examples where a care home has claimed to have a dementia specialism, but where staff are missing basic

[5] As floated in this article in the Guardian - http://www.theguardian.com/social-care-network/2015/nov/06/are-trip-advisor-style-ratings-the-best-way-to-measure-social-care-services?

knowledge and skills required to care for people with dementia (e.g. avoiding asking questions with a 'yes' or 'no' answer)

Finally, the CQC should look at areas where there is already a broad consensus between providers, the regulator, commissioners, researchers and the public on quality. One of these is the importance of good leadership. We know that a good manager can make or break the quality of a service – and that quality can decline very rapidly when a manager leaves.

The CQC may wish to consider separate ratings for managers (potentially star ratings), which are displayed alongside the overall provider rating. This would help reassure the public that a 'requires improvement' care home, for example, which has recently hired a 5-star manager, is taking steps to improve its performance.

Independent Age is currently carrying out work in this area – looking particularly at how to provide more evidence-based advice to our service users about what to look for when choosing a good quality care service – and will be campaigning around 'better care decisions' later in the year. We are very happy to share and discuss our findings with CQC ahead of publication in the summer.

5. Targeting and tailoring inspection activity

An effective model for inspections is key to public trust in the CQC. The public must be confident that CQC is ready to act quickly on safeguarding concerns. We were therefore concerned to see that the CQC's submission to the Public Accounts Committee in October 2015 suggests that one in three safeguarding alerts are not acted upon within the two-day target. While we understand that CQC must make changes to its inspection regime in response to reduced budgets, we would urge that the ability and resources to act quickly on safeguarding concerns continues to be prioritised in the new strategy.

The introduction of specialists with practical experience of using services (the Experts by Experience programme) was an extremely welcome development from the last strategy review. We were concerned to learn that these experts have had their hourly pay significantly reduced since the contract for the programme was given to Remploy. Although Remploy has now agreed to reverse this pay cut for the next six months, the terms of the contract after this point are not yet clear. We would like to see the CQC ensuring that the necessary resources are in place to maintain the Experts by Experience programme which director of engagement Chris Hay describes as 'of enormous value to the CQC' and 'critical to the success of our work'.[6]

Independent Age frequently hears from the families of older people in care homes who are extremely worried about the quality of care their relatives are

[6] See comments in the following article for Community Care: http://www.communitycare.co.uk/2016/01/29/temporary-reverse-pay-cut-cqc-service-user-advisers/

receiving. Drawing on the experiences people have called our advice line to discuss, we want to highlight the following points in relation to inspections:

Timing of inspections

Relatives have told us their concerns about how slowly care home residents are changed from soiled clothes during the night. The transfer of staff from the night shift to morning shift is a key time to observe any issues with overnight care. We would recommend that if not already a standard practice, CQC consider beginning inspections early in the morning in order to identify poor practice in this area.

The use of Care Plans

We have been concerned to see examples of care home staff playing little attention to what is outlined in an individual's Care Plan. We have been told about cases where relatives find themselves needing to go over the Care Plan multiple times with different staff, suggesting the right communications processes are not in place to share knowledge about an individual's Plan. Disregarding the Care Plan can result in very distressing experiences for residents.

One family recently told us that care home staff ignored the detail in his Care Plan that their father's hair only be washed by the family as they have always done this and it is particularly important because he is Sikh. Despite this, his hair and the religious headscarf were washed meaning his hair was left uncovered and not tied up, which was very upsetting for him. This could have been avoided if the Care Plan was consulted. We have also heard concerning reports of relatives being prevented from having a copy of the Care Plan. Given the importance of Care Plans for ensuring the wellbeing of older people in care home settings, particularly as they adjust to a new environment, we would recommend that the CQC ensure inspections look specifically at how Care Plans are used.

6. Assessing quality for populations and across local areas

In the context of the NHS Five Year Forward and moves towards more integrated place based activity, we understand why CQC is exploring whether it needs to adapt its model to assess quality for particular population groups or places. CQC rightly recognises that its inspection model cannot be a barrier to good quality integrated care. While Independent Age strongly advocates the better integration of health and care services, we are cautious about the extent to which the CQC should make reviews of place based care a priority at present. The CQC has struggled to meet its own targets for recruitment of inspectors and for numbers of inspections completed. And it has failed to publish reports quickly enough following inspection. In the light of the budget cuts that the CQC has been asked to model, we worry that a new focus on assessing quality by place may only be possible at the expense of core provider-based inspections.

The thematic reviews CQC has developed in recent years do provide a welcome opportunity to examine the quality of integrated care along a pathway or for specific groups. They also provide an opportunity for the CQC to comment on commissioning practices and how they impact on quality. Where resources allow, we would like to see this programme on work continued.

7. A further area of concern: use of enforcement measures

We understand that enforcement action sometimes needs to be taken and the decision to close a home is never undertaken lightly. However, closure of a home, unless communications are managed very carefully can be extremely distressing for vulnerable residents. For example, in the case of Merok Park in Surrey which CQC ordered must close immediately in December 2014, communications were not clear, leading to a very difficult experience for residents and families. Wherever possible, we would like to see CQC exploring ways that care homes that are failing can be supported, so that closure is an absolute last resort.

As discussed at the Stakeholder Symposium on unplanned closure of care homes last month, we would like to see a greater provision of wraparound support for those homes that are failing. This could take the form of a local authority team or experienced team from a high performing networked care home being drafted in to provide temporary support to help the home continue to function. We acknowledge that CQC may require new legal powers to be able to enable such an approach and we recommend that CQC consider how this might be achieved. More broadly, we would like to see the CQC considering the role it could play in the development of a scheme to pair up high performing care home managers with those that have been identified as requiring improvement. There may be interesting learnings from looking at how this is tackled in the education sector.

8. Conclusion

We applaud the efforts the CQC has made over the past year to improve its operations and establish a more open, responsive organisational culture. As it develops its strategy for the next five years in the context of a challenging funding landscape, we would urge the CQC to focus on its core functions of safeguarding and highlighting poor performance. But to do this effectively for adult social care will require improving the volume and quality of data it has access to. The CQC has a key part to play along with others in the sector towards the development of a comprehensive dataset for adult social care; we would be pleased to work with CQC towards this goal.