



advice and support for older age

**Independent
Age**

**'What do we know about quality and safety
in care homes?' – research seminar
write-up**

October 2015



About Independent Age

Independent Age is a growing charity helping older people across the UK to live more independent, fulfilling lives.

Founded over 150 years ago, we are an established voice for older people and their families and carers, offering free advice and information and providing services, such as befriending, to promote wellbeing and reduce loneliness.

In addition to this, we use the knowledge and understanding gained from our frontline services to campaign on issues that affect older people, like poverty, loneliness and carers' rights.

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

Speak to one of our advisers for free and confidential advice and information. Lines are open Monday to Friday between 10am - 4.30pm. Freephone 0800 319 6789 or email advice@independentage.org

Independent Age is also a member of the Care and Support Alliance: a consortium of over 75 organisations that represent and support older and disabled people campaigning to keep adult care funding and reform on the political agenda.

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Introduction

The following notes relate to a research seminar organised by Independent Age on 15th September 2015, and held at Coin Street Neighbourhood Centre in London. The purpose of the seminar was to help inform our research on the information needed by different stakeholders to accurately and reliably assess the quality and safety of care homes. We asked how much information is currently available for different groups, including the Care Quality Commission (CQC), commissioners, care providers, and crucially, older people and their families. We also probed whether, and if so how, information on quality and safety could be enhanced or improved.

The event was held under Chatham House Rule to encourage free and frank discussion – all contributions recorded here are therefore not attributed to specific individuals, but provide a flavour of the main points arising on the day.

Independent Age will be producing a full report of the findings from our research, to be published in 2016 as part of wider campaigning activities throughout the year. To be kept informed of the progress of this project, please contact jo.salter@independentage.org.uk or lisa.james@independentage.org.uk.

Session 1 – the sector view

The first session explored the views of those who collect and use data within adult social care – namely the regulator, commissioners and providers – the challenges they face when trying to understand safety and quality, and how to help different groups get the information they need.

Speakers

Key observations and insights included:

- The finding from a recent National Audit Office (NAO) report into the CQC¹ that both the amount of routine information and the quality of information the regulator has access to are weaker for social care than is the case elsewhere for health providers was highlighted, which has implications for the CQC's ability to monitor and respond to risk in real-time.
- It was acknowledged that 'quality' is inherently more difficult to standardise and measure than safety – as what makes a care home 'good' will vary from person to person – and yet the issue cannot be ducked completely, as there are professional bodies (including the regulator but also auditors) who need a measure of quality that can be used for monitoring and benchmarking purposes.
- There was a recognition that excessive data collection can impact negatively on both care quality and staff morale within care homes, as record-keeping becomes seen as an end in itself. Ways that this burden could be eased were therefore explored, including simplifying and

¹ <http://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>

streamlining data collection so that a single dataset (similar to the Minimum Data Set used in the US and elsewhere) could meet the needs of all bodies with a stake in the residential care sector.

- A single dataset would also help foster a shared vision of best practice which everybody can work towards, and would capture information about residents, not just services. The lack of understanding of the UK care home population and their needs was returned to throughout the day as a major cause for concern.
- The point was also made that something needs to be done with the information that is captured – it needs to have a purpose: ‘evidence doing its job’. Defining and agreeing what to measure also helps define what to encourage more of within the sector.
- The role of the care home manager was talked about as an important influence on the culture and environment of the home, and an important indicator of a home’s overall quality – though not something that is currently captured in the data.
- Some of the ‘softer’ approaches being used by the CQC during inspections (e.g. dialogue and observation of interactions between residents, staff and visitors) were talked about, as well as the focus on user voice within inspection reports. These were viewed as examples of how quality could be captured and communicated to the public to aid choice and decision-making – albeit not in a quantitative form.
- Finally, the argument that the CQC has no business regulating quality, and should stick to safety and compliance, was rebuffed – and indeed, it was noted that CQC see themselves as an important arbiter of quality. However, it was also argued that this needs to be a joint endeavour, with care providers and local authorities being more willing to share their internal data and to help define what quality looks like for residents. A system of co-regulation (for example with commissioners) was floated as another potential avenue worth exploring.

First breakout session

Participants then split into three table groups for the first discussion session. Each table adopted the perspective of a different stakeholder group – the CQC and commissioners, care home providers; and older people and their families – when answering the following questions:

- What information does this group need in order to reliably and accurately assess quality and safety in care homes?
- What are the barriers to accessing this information?
- What are the enablers that could allow this information to be collected and accessed more easily?

The responses from the three tables are shown alongside each other below. Certain indicators – particularly those relating to staff – recurred across the three groups.

	<i>CQC and commissioners</i>	<i>Care home providers</i>	<i>Older people and their families</i>
<i>Information needed</i>	<p>Who is currently living in residential care (i.e. resident census)?</p> <p>What are their health needs?</p> <p>What are their health outcomes?</p> <p>Indicators around the workforce – particularly turnover and staffing levels, but also staff experience and satisfaction</p>	<p>Staff turnover</p> <p>Staff training, as this will feed directly into safety and quality of care</p> <p>Staff satisfaction (collecting this was identified as a challenge for smaller providers with fewer staff, as they are less able to guarantee anonymity of responses, which may reduce the response rate and therefore the accuracy of the results)</p> <p>Customer satisfaction – this would need to be collected consistently for every care home, so that homes/providers can benchmark against each other</p> <p>Acuity of need of residents so that this can be linked to staffing levels, etc.</p> <p>Better information should also be collected regarding pathways between residential care and NHS acute care – in both directions</p>	<p>'Soft data' about the experience of living in a care home, including:</p> <ul style="list-style-type: none"> • Are the staff happy? • How do they treat visitors and residents? • Does the home feel welcoming? • Does it feel 'like home'? • How much fun are residents/visitors/staff having? <p>Older people and their families would also look for word-of-mouth or personal recommendations, wherever possible</p>

	<i>CQC and commissioners</i>	<i>Care home providers</i>	<i>Older people and their families</i>
		– to look at how the two systems are interacting.	
<i>Barriers to information</i>	<p>Lack of standardisation – providers, local authorities, the regulator and others all collect their own information in their own ways</p> <p>Commissioner and provider data could not be shared directly with the public due to its variable quality</p> <p>A view expressed that the regulator does not trust providers so feels the need to check up on them and collect its own information, resulting in duplication</p> <p>Lack of policy leadership on determining which measures of quality and safety are the key ones to use (a ‘responsibility vacuum’)</p> <p>Local intelligence not being aggregated at national level</p>	<p>Any standardised data collection system will represent a proportionately larger burden for smaller providers</p> <p>Commercial sensitivity was cited as a reason providers would be reluctant to make their internal data publicly available</p> <p>National regulatory standards do not allow for local variation</p>	<p>Psychological barriers – denial of ageing that prevents people from planning ahead</p> <p>When people are making decisions at short-notice, they tend to be rushed and the factors they consider tend to be limited to ‘is it close?’, ‘are there spaces?’ and ‘does it seem OK?’</p> <p>Low expectations of care limit what indicators people use to determine if a care home is ‘good’ or not (i.e. a ‘good’ care home is one where you will not be abused) – as a result, the general public does not have an impression of ‘what good looks like’</p> <p>National indicators are unhelpful for making decisions that are personal and subjective</p> <p>People do not feel entitled to ‘shop around’ for care,</p>

	<i>CQC and commissioners</i>	<i>Care home providers</i>	<i>Older people and their families</i>
			<p>change their minds or take their time</p> <p>CQC can feel like it holds the monopoly as the only choice tool currently available to older people and their families, as there has been little real progress among alternative rating and review websites; however, it is not well set up to fulfil this role enabling meaningful choices, which goes above and beyond its statutory duties around guaranteeing safety</p> <p>However, CQC reports only provide a snapshot of what a care home is like – circumstances can change very quickly, for better or for worse</p> <p>Only better-informed members of public would know to check CQC in the first place - most would use Google as their starting point</p>
<i>Enablers and opportunities</i>	There is an argument for separating quality and safety	Grouping care homes together according to the	Helping increase the familiarity of care homes , so

	<i>CQC and commissioners</i>	<i>Care home providers</i>	<i>Older people and their families</i>
	<p>– the CQC would continue to issue a ‘license to provide’ to providers who meet minimum standards of safety, with separate quality indicators to capture the ‘added value’ of different care homes</p> <p>CQC could act as ‘hub’ for intelligent monitoring – providing a single framework for bringing in additional information from a wider variety of sources</p> <p>Investing in the capacity of care home managers to collect and use data effectively</p> <p>A workforce survey for social care is currently missing from the sector, which could capture day-to-day staff experience and overall satisfaction, and could also be used to ask staff whether they have witnessed abuse or neglect</p>	<p>acuity of their residents’ care needs would allow better benchmarking between similar care homes</p> <p>There is a potential role for local Healthwatch groups to collect standardised information, while also capturing the local user voice</p>	<p>that people have the opportunity to acquire ‘soft data’ through experience (e.g. Care Home Open Day, facilities shared with the community)</p> <p>Easily accessible checklists that help people understand what a ‘good’ care home will look like <i>for them</i> (based on their particular needs and preferences, with relevant prompts), and where to go to find information</p> <p>Helping people to plan ahead for their (and their parents’) future care needs</p>

Discussion

There was strong agreement that what the regulator is interested in knowing about a care home and what ordinary members of the public are interested in knowing are very different – it is the regulator’s job to know about the things that consumers should be able to take for granted (the example used was that passengers would not be checking the tyre pressure on the aeroplane themselves before take-off). CQC ratings, which are primarily concerned with safety and regulatory compliance, therefore only form a small part of the decision-making process of older people and their families, who are more concerned about quality.

However, it is unreasonable to expect CQC to act as the sole guarantor of either quality or safety – all parties have a role to play. The CQC can lead the charge in identifying what information is useful to the public, but providers should also be raising the bar on quality by competing with one another. The way the care market has traditionally operated (with commissioners as clients rather than end users) has left it relatively immune to market forces.

Session 2 – the public view

The second session focused on information that is available to the public to help them compare and choose between different care homes, whether the right sort of information is currently available, and how people are using information in different situations.

Speakers

Key observations and insights included:

- The point was made that the information currently available reflects the needs of commissioners and regulators far more than it reflects the needs of the public. Examples where care homes have been rated inadequate and closed, but where residents have been completely happy with the care they have received highlight the multiple, conflicting views of what makes a care home ‘good’ and how safety is not always the highest priority. People looking for care want to feel confident that the care they receive will be personalised and responsive to their changing needs – that it will ‘treat me like me’.
- Strongly negative public perceptions of care homes were mentioned, as highlighted by the Commission on Residential Care in 2014. So far, these negative perceptions have not been sufficiently dealt with in the public mind, and are reinforced when people struggle to make meaningful choices between care homes. However, the Commission’s polling also found that there is a ‘familiarity premium’ in residential care – people who know it better (e.g. care home staff or visitors) feel more favourably towards it, and this can be harnessed to improve perceptions.
- People need to be supported to make good decisions under pressure, including being clear about their rights and expectations when choosing a care home. End of life care was pointed to as an example of a ‘distress

purchase' where people are well-supported in their decision-making, suggesting that this is not as much of a barrier as it is sometimes made out to be. This requires good guidance and 'signposting away' by organisations like CQC to other sources of useful information.

- Care advisors, operating in a similar way to pension advisors, could be a key route for supporting people to plan ahead for their future care needs. We need to be targeting the adult children who are currently choosing care for their parents or grandparents, and equipping them with information, so that they are better prepared to make the decision for themselves when they become older.

Second breakout session

For the second discussion, participants were provided with a list of potential indicators of safety and quality, drawn from the research interviews carried out by Independent Age, and asked to consider – from the perspective of an older person or family member in one of three situations – which indicators they would prioritise as recommended 'lines of enquiry' to find out about when looking at care.

The three situations were:

1. A very frail older relative is being discharged from hospital and family urgently need to help find a care home place (i.e. a 'crisis move')
2. An older person is managing at home with daily visits from carers but foresees escalating need for support in the future and asks family to help find a care home (i.e. a 'planned move')
3. An older person/relative is concerned about falling standards of care in the care home where they are currently living

Again, the responses from the three tables are shown alongside each other in the table below. In reality, the groups did not use the supplied list of indicators as their point of departure, and raised a range of other factors – aside from the information being gathered – that would affect people's decision-making ability under different circumstances.

	<i>Crisis move</i>	<i>Planned move</i>	<i>Falling standards</i>
<i>Need to know</i>	<p>Whether staff have had dementia or any other specialist training relevant to the person's needs</p> <p>How much does it cost/are top-up fees charged?</p> <p>Turnover of residents – as proxy for sense of community (also perhaps acuity of residents' needs)</p> <p>Would residents/relatives recommend it?</p>	<p>Understanding of the different types of residential care available (e.g. nursing v. care home)</p> <p>Location</p> <p>Cost</p> <p>Ability to cater to personal care and support needs</p> <p>Flexible care – level of care can be increased as needs escalate to prevent a further move</p> <p>Personal recommendations</p>	<p>Recent CQC reports and any past incidents</p> <p>Would need to know about the care home complaints process, but also informal channels for feedback, evidence of a culture of continuous dialogue and openness, and a proportionate response to complaints (i.e. what happens when someone has a problem?)</p>
<i>Other factors in decision-making</i>	<p>Mental capacity will affect a person's ability to process information – but it also needs to be understood whether this is temporary disorientation or the permanent onset of dementia</p> <p>Health and care staff ideally need to not rush the decision and wait to see what shape the person's</p>	<p>In reality, a planned move to a care home would never happen, as people naturally put off thinking about care until a crisis forces them into action, and even then a care home may not be their first solution</p> <p>Only real difference between a planned and a crisis move likely to be who is doing</p>	<p>People would not necessarily want or need indicators to refer to in this situation – it would be more important for them to know what to do (there was an assumption that relatives would be the ones taking action in this situation):</p> <ul style="list-style-type: none"> • Find evidence of a problem

	<p>recovery will take – intermediate or reablement care should be offered rather than discharging somebody straight to a care home</p> <p>Communication with the person (and their relatives) while they are in hospital needs to be clear and honest so that they can make a realistic decision based on how their condition may change in the future</p> <p>Offering people more information is better than offering less – but this needs to occur alongside support to interpret all available indicators and help people make a decision that is specific to their situation</p> <p>Care homes becoming well-known in their local community is the best solution, but this takes time and effort</p> <p>People choosing care also need to be aware of partial</p>	<p>the looking (i.e. a relative not the person needing care)</p> <p>Also potentially more likely to be looking at nursing homes</p> <p>Information does not make a difference to decision-making – the group questioned whether the public are aware that care homes significantly vary in quality (people do not think of hospitals in this way)</p> <p>A better understanding is needed of what information about care homes people can and will act on – what information are people currently using to inform their decisions?</p>	<ul style="list-style-type: none"> • Speak to manager first before escalating to a formal complaint • May want to seek help or advice from a trusted professional e.g. GP <p>Care homes would need to check the concern is shared by the resident, and not just being made on their behalf by their relative</p>
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	or manipulated information put out by providers		
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Discussion

What came out of the preceding session was the need to test assumptions about what is important for people to know, and to ask would-be residents and relatives themselves what information they would want and use. Although recommendations from current residents were considered to be a valuable source of information, the reliability and validity of this information will be determined to a large extent by the methodology used to capture it, which is as important as the indicators themselves.

A distinction was made between the elements of care homes that should be 'on-stage' (e.g. quality of life, relationships, hobbies, fun) and those that should be 'off-stage' (medical care and safety). We need to be careful that the correct balance is struck between the two sides, and that medical aspects are not being prioritised at the expense of quality of life.

Finally, it was noted that the impact of the information and advice requirement placed on local authorities in the Care Act is yet to be seen – though early examples of good practice (pre-dating the Act) can be found in North Tyneside and Shropshire, both of which have reorganised their front-end social care system so that they are better able to offer information and signpost to community services, where appropriate.

Next steps

Independent Age will be absorbing the key messages from this seminar, and using them to inform our work on improving quality and safety information on care homes. In the coming months, some of the things we are looking to do are:

- Carry out qualitative research with the adult children and grandchildren of current care home residents, as well as would-be care home residents, to help understand further what information people themselves find useful, and what sources of information they are currently aware of and using
- Publish a research report in early 2016 drawing together our findings from a series of in-depth interviews with sector experts, insights from this seminar, qualitative research with older people, and a review of the literature
- Develop a campaign, to launch in 2016, aimed at improving quality and safety in care homes by helping consumers of residential care to make well-informed decisions
- Explore the potential for an advice toolkit to help consumers ask useful questions and access relevant information when choosing a care home

We welcome comments and input from all interested parties at all stages of our work. Please contact jo.salter@independentage.org.uk.

