ALBERT GOODMAN

CARE BRIEFING OCTOBER 2015

CARE QUALITY COMMISSION RATINGS ONE YEAR ON

So much water has flowed under the bridge since this time last year when the Regulator, the Care Quality Commission, started their new inspection system. So let us take a quick look at what has been discovered from the inspection experience. Alongside a new majority Government free from partnership working, even more austerity measures, the introduction of a National Living Wage, the withdrawal of the Dilnot funding reform proposals and so much more, the social care sector has had to adjust to a new way of inspecting services. It is very difficult to judge whether the ratings we are now seeing emerge are either an accurate reflection of the measurement of quality care, a confused reaction to the new framework by providers or a combination of the two.

Just looking at care homes, under the previous system some 86% were considered to meet all standards, 12% were not and the very small remainder were subject to enforcement action. By contrast, after over 6500 care home inspections under the current system, just over 57% are considered to be outstanding or good (broadly speaking, compliant in old currency) and just over 38% requiring improvement or inadequate (broadly equating to non-compliant in the old currency).

The figures for domiciliary care agencies are too small to bear any scrutiny at the moment. So, is this telling us that the standard of care has dropped from a massive majority of positive care experiences for residents last year to barely a majority this year? Or, that the bar has been raised so high that nearly 30% more than last year fall below the acceptable standard and will have to face the consequences of this?

And the consequences can be pretty serious depending on the Local Authority concerned, the CQC inspection team in that area and the local CCG Nurse team. If they are working in a co-ordinated way then a more positive team effort is likely to produce a better outcome for providers and their residents. A disconnect between these vital and powerful organisations and any lack of support from them as a consequence, can have severe results, including care home closure.

The main difference from the previous method of inspection is that the emphasis is meant to move away from concentrating on the accuracy of the records towards a much different style about what the inspector sees, observes, and hears on the day. Only when something is observed that raises an eyebrow should the inspector then resort to confirming the veracity of the observation by triangulating it by talking with staff, residents and their relatives and finally checking the records.

The inspector's handbook is very clear about this by saying the inspector 'should tell the senior person on duty that the emphasis is on understanding the experience of people who use the service and they will focus on speaking with them and those people important to them, and observe care practice and how staff interact' with them. This is also reinforced in the Key Lines of Enquiry in the Provider Handbook which always lists 'reviewing records' as the last recourse.

The point that comes out of this is really about the Provider being very alert to the inspector's methods and to challenge these where there is an obvious divergence from the clear message in the Inspector and Provider Handbooks. To generalise from the particular in an inspection report is a definite no no and should be challenged – for instance if an inspector hears a resident comment that they 'want to go home' then the report should not say something like ' the residents are generally unhappy'. Or if an inspector sees an MAR sheet with a signature missing, and records in the report that this meant that there was insufficient evidence that medicines had been dispensed as prescribed, (referring to all medicines rather than the single incident), then this should be challenged for the inspector to then demonstrate that all records had been reviewed.

To return to the original questions, it would seem that on the one hand providers have not yet fully adjusted to the new method of inspection and inspectors have not yet grasped the necessity to triage what they see, observe and hear to develop an accurate picture of care and avoid slipping into the easy trap of generalising from the particular.

On the other hand, Providers and their staff can combat this by making sure they have as much feedback as possible on the quality of their services – residents, relatives, professionals, visitors. The feedback can also imbue increasing confidence in staff and to be more convincing to inspectors. In this way, the 30% gap can quickly dissolve and the sector can be confident of itself once again.

CONTACT

If you would like to arrange an initial no-obligation meeting, at no charge, please contact:

Julie Hopkins, Partner

Julie Hopkins leads Albert Goodman's Care Providers Team providing advice to care sector start-ups, those growing their business and those looking to exit. The team of more than 10 experts advise on business strategies, cash flow management, business structures, minimising tax, acquisitions and disposals, payroll and financial services.

Julie takes a lead in the firm's membership of the Registered Care Providers Association (RCPA). Her depth of expertise within the Care sector includes care homes, nursing, residential, mental health, domiciliary and supported living. Julie qualified as a Chartered Accountant with international firm KPMG and has specialised in SMEs ever since, with a particular emphasis on care providers.

Tel: 01935 423667 E: julie.hopkins@albertgoodman.co.uk

www.albertgoodman.co.uk