

NORTH YORKSHIRE COUNTY COUNCIL**Care & Independence Overview & Scrutiny Committee****21 April 2016****Report of Group Spokespersons Discussions on Inspection of Care Homes and Member Involvement****1.0 Purpose of Report**

- 1.1 The report informs the Committee of recent discussions in the Group Spokespersons Mid Cycle Briefing about how members are notified of care provider issues, raised either by the Care Quality Commission (CQC), the regulation authority and/or as a result of the HAS Monitoring of Services via the Contracting, Procurement & Quality Assurance Team.
- 1.2 Your group spokespersons suggested this be discussed at your meeting

2.0 Introduction

- 2.1 At your last meeting CQC Regional Inspector, Dianne Chaplin, set out the new methodology for the inspection and regulation of adult social care. CQC will oversee the regulation of: Care home services with nursing; Care home services without nursing; Specialist college services; Domiciliary care services; Extra Care housing services; Shared Lives; Supported living services; Hospice services and Hospice services at home. These are all services regularly contracted for by HAS. Diane explained that by law, all care homes in the UK must provide services to minimum standards of safety and quality.
- 2.2 The Care Quality Commission has promised to be a “strong regulator” and to “take action to force improvement” in care homes. Dianne and her colleagues make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. We heard how the Commission monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety and how findings are published, including performance ratings to help people choose care.
- 2.3 This new methodology uses more specialist teams that include members of the public (Experts by Experience). They use a new system of intelligent monitoring (data led) that helps CQC decide when, where and what to inspect. More use is being made of listening to people's experiences of care and linking in to information across the range CQC monitoring systems. For all health and social care services, CQC have defined five key questions as follows
- Safe - That people are protected from abuse and avoidable harm.

- Effective - That people's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence-based where possible.
- Caring - That staff involve and treat people with compassion, kindness, dignity and respect.
- Responsive - That services are organised so that they meet people's needs.
- Well-led - That the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture

3.0 The Ratings System

3.1 Each key question will be given one of four ratings:-Outstanding, Good, Requires Improvement or Inadequate. In deciding on a key question rating, the inspection team will answer the following questions:

- .1 Does the evidence demonstrate that we can rate the service as good?
- .2 If yes – does it exceed the standard of good and could it be outstanding?
- .3 If no – does it reflect the characteristics of requires improvement or inadequate?

4.0 Involvement of Members: Group Spokespersons Considerations

- 4.1 Group spokespersons acknowledged that the inspection system does help inform users of the service about the quality of the provision. The new methodology, combined with the recently produced CQC area profiles, also helps give reassurance in the commissioning of HAS services as to the quality of the provision.
- 4.2 Members also recognised that with a joint approach and better opportunities for information sharing and collaboration there should be an opportunity to ensure good and excellent care is provided and poor quality services who fail to improve are removed from the care market. This will either be via regularity action from CQC or direct action by the Council.
- 4.3 It is early days for the new CQC rating system. The increased transparency that comes from posting the results online is self-evidently a good thing, but there was a sense that people are struggling to understand what the ratings categories actually mean in practice. It seems constituents regularly contact local Members about issues they are experiencing personally or in relation to family members. How elected members - not just those on this committee - are informed about, and possibly connected to, the regulation and inspection of care establishments is something the committee has looked at periodically. It was timely that Group spokespersons should also look again at this.
- 4.4 HAS regularly share performance data about the care home and domiciliary care market with Members which would inform on what is happening locally, for

example regarding suspensions. This now happens as a matter of routine. Regular updates are given to the Overview and Scrutiny Committee Mid Cycle Briefings. Data is also collated on the care market on a quarterly basis which is shared with HAS Leadership Team and forms the basis of occasional discussions at Mid Cycle Briefings and reported to Committee as appropriate.

- 4.5 Your group spokespersons speculated that confusion may have arisen with regard to the precise meaning of the ratings the CQC arrives at, and then publishes - especially when a home is rated as "requiring improvement", even more so when the when a home is deemed "inadequate". Put somewhat crudely, these are technical terms based on judgments by the CQC against given criteria. Yet a layman might reasonably - but mistakenly - worry that they imply something much more serious about the standard of care, viability of the home, or safeguarding concerns. It is, of course, entirely reasonable for a local elected member to want to understand the position, but for a number of reasons the answer to this need cannot be found by simply passing across the information without a proper understanding of the context and the particular circumstances that apply.
- 4.6 Currently, discretion lies with the HAS directorate about whether and how this sort of information is shared with the local member. A nuanced decision on what to say, if anything, is made on the merits of each case, founded on professional judgement appropriately informed by local held information and intelligence within the HAS Quality & Monitoring team about its involvement (often over a considerable period of time) with the relevant home and/or provider. To emphasise, however, that unless exceptional circumstances apply, the expectation is that Scrutiny and the relevant local Member would be notified automatically when a provider is suspended or ceases trading.

5.0 Recommendation

- The Care and Independence Overview and Scrutiny Committee is recommended to note the position.
- Your Group Spokespersons would welcome your views.

BRYON HUNTER
SCRUTINY TEAM LEADER

County Hall,
Northallerton

Author and Presenter of Report: Ray Busby
Contact Details: Tel: 01609 532655
E-mail: ray.busby@northyorks.gov.uk
13 April 2016 Background Documents Nil