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Upping the ante

Is the Care Quality Commission over-policing the sector, or are the measures a proportionate reaction to a market that needs to get its act together? ***Sunniva Davies-Rommetveit*** *reports*

The figures speak for themselves. In 2013-14, the Care Quality Commission (CQC) visited 30,334 locations compared to 28,583 locations in 2012-13. In its annual report for 2013-14, the CQC goes on to say that the number of enforcement actions taken this year increased by a notable 50% from 1,029 in 2012-13 to 1,523 over this period.

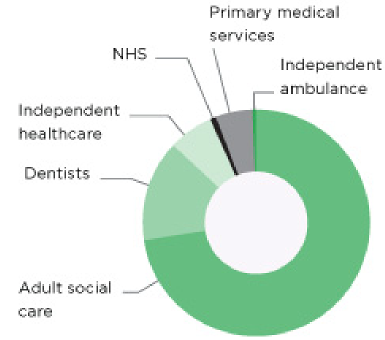
This marked rise is most likely a reaction to the shocking abuse cases in Winterbourne View, or, more recently, the high mortality rates and neglect at Mid Staffordshire NHS Foundation Trust.

On the one hand maintaining care standards is paramount and more inspections are arguably necessary to prevent care failings from occurring. On the other hand though, the increased number of embargoes and enforcement actions has taken its toll on the patience and profits of the sector. There are some rumblings that the CQC is coming down too hard on some providers.

Total inspections for 2013-14

>39,567

(Including follow-up and reactive inspections)

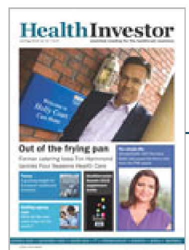


Following the Care Act 2014, the CQC was given statutory independence, which health secretary Jeremy Hunt hopes will help the body become “the nation’s whistleblower”. As part of this new regime, the CQC will ask five key questions about a service – whether or not it is: safe, effective, caring, responsible and well-led. Providers will then be allocated one of four ratings in the CQC’s report ranging from outstanding to inadequate.

The CQC’s remit has also become broader – it will now cover independent hospital providers. Special measures that originally applied only to failing hospitals, moreover, will now also include failing GP practices.

For many, this wider reach means that the CQC is heading in the right direction. Andrew Barker, chief executive at Phoenix Hospital Group, points out that the inspections have become much more thorough of late, though there have at times been “issues…regarding consistency of quality of inspection”.

“The days of the Healthcare Commission – one of the CQC’S predecessors – undertaking inspections away from front line services and just reading policies and ticking boxes are thankfully gone for good,” he says.



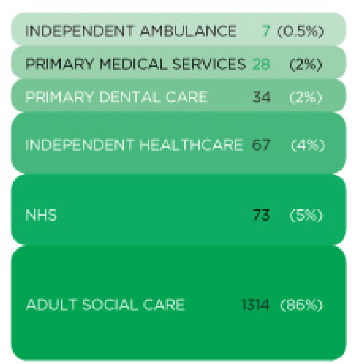
CQC action: 2013-14

>1,523

Enforcement actions taken

>50%

Increase from previous year



Ian Smith, chairman of care home group Four Seasons Health Care, agrees that the CQC's increased powers and presence are proportionate. "The [new] reports should be more helpful to providers in understanding why aspects of the service may require improvement and what needs to be done to get them up to standard, so in this respect they should support quality."

The thoroughness of the new inspection regime is perhaps reflected in Four Seasons' decision to introduce a learning support programme to help staff. This includes briefing documents, workshops, presentations and a phone helpline.

Interestingly, another positive of increased inspections is that it stimulates a market for services that will help providers cope. Charles Dale, investment manager at Synova Capital, points to its former asset Dental Buying Group, a company that was initially "very much just an equipment and maintenance business". "But with CQC knocking on the door, Synova saw an opportunity to build a compliance, training and finance service, which is what DBG now offers." Synova invested in that business in 2010 and successfully exited to IDH last year. Given then that inspections have significantly increased since, branching into compliance services may be an obvious path for investors and businesses.

These plus points aside though, some details need to be ironed out to help the CQC become a truly fair watchdog. For a start, there can still be worrying discrepancies between differing CQC inspectors, and a risk that individual inspectors might take too much of an adversarial position because of past CQC skeletons.

Inspections by sector

Sector	2013/14	2012/13
NHS	280	318
Adult social care	22,066	22,250
Dentists	4,389	3,682
Primary medical	1,546	0
Independent healthcare	1,888	2,117
Independent ambulance	165	216

Since the break-up of Southern Cross, the CQC has become more stringent. Clare Connell of Connell Consulting comments: "There was a great deal of focus on the appearance of homes and the creation of wet rooms in all services. While it's of course important that the care home environment is clean and well maintained, this can be a distraction from what's most important to residents and relatives: quality of care." She has a point here: Winterbourne Hospital, which had sickening institutional abuse, actually received good CQC reviews before the Panorama revelations.

Moreover, she says that some inspectors have only allowed two minutes for operators to produce evidence that certain staff members have the right qualifications to work at the firm. "This is punishing a provider for their filing, and the way it's reflected in the report is actually quite damning."

Smith also has some concerns. For instance, the lack of information available on the CQC outcome grade 'requiring improvement', which is one up from the worst rating of 'inadequate'. He thinks there could be "a risk…the public may become unduly worried" about this outcome if the CQC does not clarify its meaning.

Another issue is the at times contradictory CQC and Ofsted opinions when reviewing the same company in the children's services space. For instance, providers identified as requiring improvement by Ofsted can be the very ones that the CQC believes are good or outstanding.

"Ofsted may decide the level of risk that young people face in a particular institution is unacceptable. This is while the CQC could consider this managed level of risk as positive, facilitating residents to live an independent life," agrees Connell.

Arguably the largest difficulty with the new CQC regime that all providers face, though, is the very fact that local authorities can still commission on cost. This means that providers might at times struggle financially to meet the requests of a more stringent CQC. How can a care home expect to maintain increasingly strict standards when costs rise while commissioning charges do not?

Pete Calveley, chief executive at Barchester Healthcare, concurs that the Care Act 2014 has "many good elements" but that "proper financing is [now] required" in the sector. It is undeniable that care homes under embargo also cost companies dearly – both commercially and reputation-wise.

Yet, a belt and braces inspection approach is surely much better than overlooking gross mistreatment at hospitals and homes altogether. Calveley agrees that scandals like Winterbourne mean inspections must, as a matter of moral integrity, have "sharper edges".

"The CQC has made it clear that it believes it took too lenient an approach to inspection and action in the past. Tragic events… suggest that there is truth in this position, and it would be difficult to argue that inspections should not have sharper edges," he says.

Overall, then, many in the sector feel that the CQC is justified in ratcheting up the number of inspections and enforcement actions, considering the scandals it has missed. There is also a hope that this intensified whistleblowing regime will see a rise in quality standards in homes, which should push out smaller players and heighten barriers to entry.

There are real concerns, however, that increased inspections could just result in more ineffectual red tape, and quality will not increase until local authority budgets rise. Until then, CQC and provider tension will not be easing off anytime soon.

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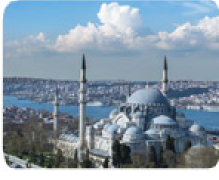

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