# Scrutiny Report
# Quality Assurance of Care and Nursing Homes in Worcestershire

**November 2019**

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# Scrutiny Task Group Membership

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Email: scrutiny@worcestershire.gov.uk
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# Foreword

This Task Group has been commissioned by Worcestershire County Council's overarching scrutiny body (OSPB) to investigate how the Council carries out and monitors the quality assurance of nursing and care homes in the county.

The Task Group acknowledges that they were only able to speak to a small number of care and nursing homes as part of the scrutiny process. However, the report reflects the views expressed from the individual homes we visited.

In drawing up the recommendations the Task Group has been mindful of what the Council can realistically achieve, given budget constraints and remit in relation to quality assurance.

I would like to thank the members Quality Assurance Task Group namely, Jane Potter, Mary Rayner, Bob Brookes, John Raine and Pat Agar, for their enthusiasm and generosity of time.

Thank you very much to those who met with us during this exercise, including representatives from the Clinical Commissioning Groups, the Care Quality Commission, Healthwatch Worcestershire, and the staff at the care and nursing homes we visited.

I would also like to acknowledge and thank the Overview and Scrutiny team, Samantha Morris, Jo Weston and Emma James, whom have worked exceedingly hard to help us establish the facts and liaise with the relevant bodies.

My thanks also to the previous and present Interim Director of Adult Services, the Cabinet Member for Adult Social Care Cllr Adrian Hardman and Worcestershire County Council's Quality Assurance Team.

I commend this report to you.

**Councillor Juliet Brunner**

**Lead Member of the Quality Assurance of Care and Nursing Homes Scrutiny Task Group**

# Background and Purpose of the Scrutiny

1. This scrutiny review was proposed by the Council's overarching scrutiny body (the Overview and Scrutiny Performance Board). The Board wanted reassurance about the effectiveness of the County Council's quality assurance systems of residential care and nursing homes.

2. It was agreed that the scrutiny would take the form of a task group exercise, led by the Chairman of the Council's Adult Care and Well Being Overview and Scrutiny Panel, Cllr Juliet Brunner.

3. The **terms of reference** for the scrutiny exercise were *'to investigate how the Council carries out and monitors quality assurance of care homes in Worcestershire'*.

# The Task Group's approach

4. Evidence has been gathered from a variety of sources including County Council Officers and the Cabinet Member with Responsibility for Adult Social Care, senior managers from care and nursing homes, representatives from the Care Quality Commission (CQC), Clinical Commissioning Groups and Healthwatch Worcestershire. A schedule of the Task Group's activity is listed in Appendix 1.

5. A copy of the questions that the Task Group asked Care and Nursing Home Managers is attached at Appendix 2.

6. Members of the Task Group acknowledge that they were only able to speak to a small number of care and nursing homes as part of the scrutiny process. The Task Group asked the Council's Quality Assurance Team to suggest a 'dip sample' of homes and from our experience the selection represented a very realistic range in terms of the good and bad feedback to the Task Group, and included homes currently rated by the Care Quality Commission (the Independent regulator) as 'requires improvement' as well as 'good'. The report reflects the views expressed from the individual homes that were visited.

# Recommendations

7. The Task Group has identified several areas which it believes require further consideration, and they have set out their recommendations in respect of these issues.

8. In drawing up the recommendations, the Task Group has been mindful of what the Council can realistically achieve, given budget constraints and remit in relation to quality assurance.

## Clarity and communication of the Council's inspection criteria

**Recommendation 1: The Task Group recommends that the Council provide greater transparency and clarity to care and nursing homes on the criteria according to which they are inspected, and ensure that a copy of the criteria is published on the Council's website.**

9. From the number of homes the Task Group visited, we consistently heard that, unlike the CQC, home managers were unsure what the Council criteria for inspection was and it was felt that it would be helpful to know this in advance of any visit.

10. When speaking with the Interim Director, members learned that the required standards were set out in the contract with the home. However, as a result of this finding, the Interim Director had instigated a one-off mailing to remind homes of the Council's expectations.

## The Worcestershire Care Market

**Recommendation 2: Task Group members were very concerned about the challenges and sustainability of the care market and heard that there was a shortfall of high needs dementia beds in the county. The Task Group was pleased to hear from the Cabinet Member that the issue of how best to manage the shortfall has already been considered and recommends that this is taken forward as a matter of urgency.**

11. Some small homes could be at risk of closure when the current owners retired themselves. This is mainly due to the current market preferring to operate homes with a larger number of beds. Worcestershire has a higher proportion of smaller homes than average, and when owners retire they are often not viable as a continuing business if new owners require a mortgage on the property.

12. Everyone we spoke to articulated the national problem of workforce and the difficulties in recruitment and retention in the sector.

13. We learned that homes mainly rely on self-funded residents to ensure financial viability. Those homes with a high number of Council funded residents are likely to be less sustainable in the future.

14. The Task Group would like an update to be provided to Scrutiny in six months' time, on progress to mitigate the issues affecting the care market.

## Assistive Technology

**Recommendation 3: The Council should intensify development in the use of assistive technology for residents living in their own homes to assist them to stay independent for longer.**

**We also encourage increased use of assistive technology in care and nursing homes to improve residents' experience.**

15. The Task Group encourages continued progress in the use of assistive technology and can see the value for care and nursing homes, in helping keep people independent for longer.

16. Members have learned that Worcestershire has a higher proportion of people in care and nursing homes than comparable areas. Promoting use of assistive technology to the wider public would help people to be able to continue to live in their own homes for longer and reduce the numbers of residential beds in use; this will also save the Council money.

**Positive Intervention when a home closes suddenly**

**Recommendation 4: We recommend that the Council documents and communicates its 'crisis response policy' to all stakeholders and care homes.**

17. Through our evidence gathering, an example of good practice was suggested by the CQC whereby a bank of staff is able to be diverted to provide emergency assistance to a home requiring immediate intervention.

18. Whilst the Task Group has confidence in Worcestershire County Council's crisis response, we recommend that the Directorate documents its 'crisis response policy' which could be disseminated to homes and other stakeholders.

**Opportunities for Networking and Sharing Best Practice**

**Recommendation 5: We recommend greater consistency of access to forums and networks for care and nursing homes, and that this includes events with outside speakers if relevant.**

19. During our discussions with care and nursing home managers we heard that opportunities to meet and to discuss best practice or to hear from Council officers were infrequent and irregular.

**Scrutiny**

**Recommendation 6**: **We recommend regular updates on care and nursing home provision are incorporated into the work programme of the Council's dedicated scrutiny body for Adult Social Care (the Adult Care and Well Being Overview and Scrutiny Panel) – to include quality, staffing and market resilience. We suggest six monthly updates.**

**Promotion of Healthwatch Information in care and nursing homes**

**Recommendation 7: We recommend consideration is given to encouraging care and nursing homes to better communicate the role of Healthwatch to residents and families within their care.**

20. Currently homes are provided with information about Healthwatch but are not obliged to display it or include it on their websites. **We suggest that promoting the role of Healthwatch should be included as a requirement within the contract care homes have with the Council, and that details should also be included in the Council's Care Services Directory.**

**Greater clarity about the role of each organisation in relation to inspection**

**Recommendation 8: We recommend giving clear information about the respective roles of each organisation involved in inspecting care and nursing homes to individuals and their families, and to the homes themselves. This could take the format of leaflets, posters and website information.**

# Worcestershire's Care and Nursing Homes

21. As of November 2019, there were 179 homes in Worcestershire (114 residential and 61 nursing) with 4 being owned by Worcestershire County Council. Of the 179 homes, there were 129 different providers, which meant that there was no reliance on 'big' players in the market. 102 homes were single entity businesses and 9 were owned by the Sanctuary Group.

22. The average length of stay in a care or nursing home in Worcestershire is around 14 months and the average age on admission for residents funded by the Council is 83.

23. We have learned that Worcestershire's use of beds in care and nursing homes is above average. The number of Worcestershire residents funded by the Council in care homes in 2018-19 was 637.9 people per 100,000 of the population of Worcestershire. (This is an Adult Social Care Outcomes Framework (ASCOF) measure).

24. Looking at how Worcestershire's bed use compares with other similar areas, of the 16 authorities which responded in the Council's comparator group, Worcestershire was ranked 13 (where 1 is the lowest user of beds). The average was 571.3 per 100,000; the lowest 311.20 per 100,000 (Gloucestershire) and the highest 776.7 per 100,000 (North Yorkshire). Across England, of the 152 authorities which responded, Worcestershire was ranked 100, and ranked 8 out of the 14 West Midlands authorities.

25. There is a total of 5,500 beds, of which 1,780 were being used for Council long term funded residents as of June 2019. Only 11 homes had no Council funded residents at that time.

26. In Worcestershire at the time of this scrutiny exercise, the CQC, the independent regulator, had rated 6 homes as outstanding, 133 as good, 33 as requires improvement, 1 as inadequate and 6 were yet to be inspected.

27. As part of our scrutiny, we asked to visit a selection of care and nursing homes across the county, in order to meet with the managers and/or owners to discuss their interaction with the Council's QA team. Our meetings were informal but structured around a set of questions (set out in Appendix 2).

28. We visited 5 homes (within the district areas of Malvern, Redditch, Wyre Forest and Wychavon) which were a mix in terms of CQC rating (3 rated as requiring improvement, 2 rated as good).

29. The numbers of Council funded residents (ranging from 4 to 47 at that time) varied and there was a mix of urban/rural locations.

30. We acknowledge that this represents a small selection of homes, but the visits provided valuable feedback to us about what is happening 'on the ground', which was also very thought provoking, and we are very grateful to the homes concerned for taking time out of their busy days to meet with us.

# Quality Assurance of Care and Nursing Homes

31. The Task Group learned that there are a number of different organisations involved in inspecting providers of care and nursing homes. The focus of this scrutiny has been on the role of the Council's QA team, however in order to understand the broader system, we have also met with the other organisations involved.

## Worcestershire County Council's Quality Assurance Team

32. There is a small dedicated Quality Assurance (QA) Team (5.66 full-time-equivalent Officers with 2.0 FTE Quality Assurance managers and administrative support), which continually gathers intelligence to determine a risk rating of a home at any moment in time.

33. During the scrutiny we were advised that consideration was being given to reducing the size of the QA Team, however we now understand that no changes are being made to the Team.

34. The remit of the Council's QA Team has been described to us as:

    To ensure that externally-commissioned services are of a quality which is acceptable to the Council:
    - as per contract (including specification);
    - in line with the Quality Assurance Framework (outlined in specification);
    - as required by regulatory bodies if applicable (explicit / implied in contract);
    - in response to services users' reasonable expectations.

35. Section 5 of the Care Act 2014 'creates a general duty for local authorities to promote diversity and quality in the market of care and support providers for people in their local area'.

36. The QA Team works closely with safeguarding colleagues and has a strong working relationship with partners such as the CQC and the Clinical Commissioning Groups (CCG's). Information sharing meetings are held bi-monthly to discuss cases and soft intelligence is shared daily. The role of quality assurance has been described as being about understanding the whole, whereas safeguarding may highlight a possible concern which could feed in to the overall risk assessment.

37. The QA Team's remit includes all contracted social care provision (care homes, domiciliary care, supported living, extra care and day opportunities). The Team can only undertake quality assurance work with care homes with Council-funded residents, however the Council's Safeguarding Team can have access to any home.

38. We have been advised that the identified risk determines whether a visit is undertaken, and visits can be planned or unplanned. Intelligence is gathered from a number of sources, including alerts from the public (family members), NHS staff or social workers etc, which feeds in to a risk matrix. The process comprises information gathering, liaising with partners, triage, reacting immediately if necessary and if not, planning and follow up. A full visit normally lasts 2 days and involves 2 officers.

39. The Council's QA Team does not quality assure out-of-county placements, but the host authority undertakes that role.

40. All intelligence is fed into a risk matrix to establish when a home should be visited by the Council QA team or other partner. The risk matrix has been shared with the Scrutiny Task Group and includes safety, experience and effectiveness and is monitored on a risk-based and proportionate approach which takes into consideration many factors, such as any current or recent concerns received, the number of Council-funded residents, the latest CQC inspection outcome, financial information and whether the manager has changed.

41. QA reports are not public documents and verbal feedback is given to the home at the time, with written feedback/actions being provided later in a report. The officers from the QA team whom we met felt that working relationships with homes and partners was generally good and overall this has been our perception also. We acknowledge that, of the small group of homes we visited, any negative feedback may stem in part from recent experience of QA inspection if action has been required.

42. During our discussions with home managers, they generally talked favourably about the QA Team and the support they were able to provide. In contrast, some homes understood the Council's QA team was very small with limited capacity, and one stakeholder believed it had been disbanded.

43. We also heard that visits sometimes lacked consistency, for example, coming soon after an inspection by another agency had taken place, and didn't appear to be joined up or reflect on the earlier inspection. Some homes expressed the view that the QA Team had a different opinion of acceptable practice to other inspecting bodies, with higher expectations.

44. Overall, the homes we visited were unclear about the standards expected by the Council's QA Team, whereas they were all clear about the CQC inspection framework. The homes in question said that it would be helpful to have the Council's framework available. We queried this feedback with officers from Adult Services and they have reassured us that all homes are made aware of the framework against which they are assessed, and that in some cases staff turnover may lead to some confusion. Nonetheless, in the interests of openness and clarity, we have included a recommendation about this in our report.

45. After hearing from homes, we queried whether managers within the Council and the other organisations we spoke with felt there was duplication in quality assurance work between the Council, the Clinical Commissioning Groups and the Care Quality Commission. It was pleasing to hear that they did not, and they understood that each organisation had a different remit.

46. We also learned that when the CCGs inspected the nursing element of a home, those visits were often undertaken in conjunction with the County Council to avoid unnecessary duplication.

47. We understand from our discussion with the Interim Director and the Cabinet Member that work is in hand to remind care homes what is set out in contracts as to precisely what the Council monitors. The aim is to co-ordinate the Council's criteria with those of the other agencies, since it is recognised that the current Council framework asks more detail than other agencies.

48. We asked Adult Social Care Officers about how they respond to emergency situations where a home has to close. We learned that the Council contracts with homes stipulate that 3 months' notice must be given, although only a month or so was often given and there had been situations where an email to the Council has been received the night beforehand. We asked the CQC about best practice in emergency situations and Northampton was highlighted to us, which has a dedicated team able to be assembled at a moment's notice if needed.

49. Adult Social Care Officers who have themselves been involved in such crisis management explained to us the process followed, which was reassuring. Each response is individualised and tailored to the need and teams work closely and are well managed. We do feel however that documentation of the crisis management protocol would be helpful, which we have addressed in our recommendations.

50. Regarding forewarning about care home closures, the region was well prepared and contingency planning took place. The regional network was helpful, as well as the CQC.

51. The CQC is the regulator and determines whether or not it needs to take action to close a home on the basis of the quality of service provision. The Council cannot close a home; however, care and nursing homes can be suspended from taking new admissions (normally by voluntary mutual agreement), but only if they are a Council provider.

# Other Quality Assurance and Consumer Organisations

**The Care Quality Commission (CQC)**

52. The CQC is the independent regulator of health and social care in England, although it is mainly known in the health sector. It monitors, inspects and regulates services to ensure safe, compassionate and quality services and publishes reports for the public, which include performance ratings.

53. We heard from an Inspection Manager who explained that there are 8 Inspectors across Herefordshire and Worcestershire, each of whom has a portfolio of homes assessing risk and monitoring and acting on intelligence.

54. For a provider to be registered with the CQC, there must be some regulated activity delivered – i.e. personal care (domiciliary care), accommodation (nursing and care homes) or diagnostics and treatment.

55. We learned that CQC can signpost providers to take remedial action, but as a commercial service, with a registration, they expect providers to have a full understanding of the CQC requirements, which are known to them.

56. We learned that working relationships with the County Council Quality Assurance team were very good and information was shared across different agencies. Formal meetings were held bi-monthly but intelligence was shared constantly.

57. We asked whether the CQC was concerned about duplication across the sector, but were told that each organisation has a different perspective, so no.

58. If a home is rated as '*requires improvement'* a re-visit is arranged within 12 months, unless one of the 5 domains (safe, effective, caring, responsive, well-led) is inadequate – then a re-visit is within 6 months. Intelligence is monitored during these periods.

59. A home would automatically be rated as *'requires improvement'* if there was no registered manager (and could otherwise be positive) since the lack of a registered manager presented an element of risk, and if it continued to operate without one, a £4000 fine would be issued after six months.

**Clinical Commissioning Groups (CCG)**

60. CCGs are interested in homes where NHS funded patients reside (nursing homes).

61. We learned that the CCG has a Quality Assurance Team who undertake quality assurance visits and are supported by the NHS Continuing Healthcare Team of nurses who undertake NHS Continuing Healthcare assessments and reviews and also provide soft intelligence to the CCG. This latter element provides soft intelligence to both the CCG and other partners.

62. The CCG has an annual schedule of visits, with the ability to carry out more if necessary. This schedule is shared with the CQC to hopefully avoid any duplication.

**Healthwatch Worcestershire**

63. We met with Healthwatch Worcestershire. Local Healthwatch were established as a result of the 2012 Health and Social Care Act as the independent consumer champion for health and social care services. Healthwatch is not involved in inspecting services, but we wanted to understand what interaction it may have with the Council and other quality assurance organisations.

64. The role of Healthwatch is to gather the views of the people who use services, visit services to talk to people, and look and see how things are done. Their staff can 'Enter and View' services (but must act reasonably when doing so), "signpost" people where to go to find out about services, suggest how services can be improved from a patient or service user point of view, but do not get involved in individual complaints. An advocacy service is provided by Onside Advocacy.

65. Healthwatch Worcestershire's representatives explained that they do not have a formal role in inspecting care and nursing homes and do not routinely visit homes. Some feedback on care and nursing homes is received but not a great deal and it is usually from carers and about the quality of a home. If the feedback is about an individual or a complaint, Healthwatch will signpost to the relevant complaint's procedure. Healthwatch also provide information about the Care Quality Commission, the CCG and the Council's Quality Assurance Team as appropriate. However, this may not always be followed through by the individual because, for example, residents may be concerned about losing their 'home'.

66. If a safeguarding concern is raised with Healthwatch, they would signpost immediately to the appropriate body. Healthwatch would also alert the CQC, CCG and/or the Council's Quality Assurance Team if they had concerns about a specific provider.

67. Before the CQC carries out an inspection of a care or nursing home, Healthwatch is contacted to check for any relevant feedback.

68. Regarding awareness raising, Healthwatch told us that in the past they had sent leaflets and their Annual Report to care homes but indicated that they would like the Council to be more proactive in promoting their role. Social media had also been useful for awareness raising. All care homes are sent information about Healthwatch, but they do not have an obligation to display it.

69. During our visits to care homes, we saw Healthwatch information displayed in some but not all homes. Encouraging mechanisms for better communication about Healthwatch is something we have addressed in our recommendations.

# Forums and Networks

70. The Task Group received a mix of feedback about access and support from forums. Some of the care homes we visited told us about the benefits of being part of a forum, whereas others indicated a perception of isolation, rather than working in partnership.

71. We asked Adult Services officers about access to forums, who advised that when meetings are arranged by the Council for providers of care home services for older people, all homes in Worcestershire are invited using the email distribution list held by the Council. In recent years the Council has generally worked with West Midlands Care Association to manage such meetings on a regular basis. The Interim Director believed the QA Team encouraged homes to attend forums, although not always with success. It was also pointed out that some homes may be reluctant to participate because they were essentially in competition with one another.

72. Meetings for registered managers of care homes are arranged through Skills for Care, and the home manager who chairs the Worcestershire network has reported that the forum is very well subscribed, with meetings every quarter with relevant subjects covered and speakers invited.

73. In our recommendations, we have therefore recommended greater consistency of access to forums and networks for care and nursing homes.

# Market Resilience

74. The fragility of the care home market is clearly apparent and has been raised by everyone we have spoken with and is well documented in the media. Pressure on budgets, an increasingly aged population and recruitment and staffing struggles within the care market are key issues.

75. Senior officers within Adult Social Care have advised that while resilience of the domiciliary care/homecare market is very good, the care home market is very challenged, and will be more challenged over time. While the current trend is for larger homes which have better economies of scale, Worcestershire has a higher proportion of smaller homes, and when owners retire they are often not viable as a continuing business if new owners require a mortgage on the property, and older properties are more expensive to run.

76. We have been told that the 'right' type of homes are not being built, and instead Worcestershire attracts applications for large 'hotel-like' homes, which can be difficult to reject on planning grounds. Workforce shortage is also an issue which has been stressed to us by everyone.

77. Officers from Adult Services have told us about the shortage of beds for residents with high care needs arising from living with dementia, not requiring nursing care, and that this can result in individuals being placed in a nursing home.

78. Over the last 18 months or so, 6/7 small homes have closed, on one occasion with less than 24 hours' notice. Residents have been rehoused and neighbouring authorities provided mutual aid, but the experience is very distressing for those involved.

79. Care homes rely on self-funders in order to be financially viable and once a home is occupied with 60%+ of Council funded residents, the risk is greater as the home is likely to be struggling financially. Several homes told us they did not like to take the Council-funded residents because of the lower level of funding received. One home stressed to us that it was impossible to provide the level of care specified in the Council's contract for provision of accommodation with personal care or nursing, on the current fees paid by the Council.

80. Regarding forewarning about care home closures, the region is generally well prepared and contingency planning takes place. The regional network has been helpful to Adult Social Care Officers, as well as the CQC.

# Conclusion

81. The services provided and intelligence gathered by the Council's Quality Assurance Team is clearly valued by the Adult Services Directorate. The Cabinet Member and Interim Director pointed out that the intelligence gathered is very important in providing assurance for individuals and their families.

82. From our observations, QA generally functions in an effective way in collaboration with the other agencies involved. Where the QA team has worked with homes to address specific concerns, this has been valued by them, and we were therefore very pleased to learn at the end of this exercise that the earlier proposed QA Team reductions are no longer taking place.

83. Considering the inspection processes as a whole, the perception from the homes we visited, was that there was some duplication across the work of the CQC, the CCG's and the Council's own QA Team, and insufficient clarity about who is overseeing what. The individual organisations themselves have told us they are clear on their respective roles and work well together. The Cabinet Member for Adult Social Care and both the outgoing and new Interim Directors of Adult Services, have pointed out that each organisation has a part to play and that the more 'eyes on' could only help and reassure both the public and partner agencies.

84. However, we can see that from the perspective of the homes, local members and also the public, it would be helpful to have greater clarity about who is responsible for overseeing the various aspects of care.

85. Whilst the remit of this scrutiny has been to investigate the Council's quality assurance systems of care and nursing homes, the weakening resilience of the care home market in Worcestershire was made very clear to us, including the issues of funding, and significant recruitment issues. Worcestershire's higher than average proportion of smaller homes which can be less financially viable is also seen as a significant issue. We acknowledge the work being done by the Council and partners to mitigate and improve the situation. However, the fragility of the care home market remains an area of concern for the Scrutiny function to continue to monitor.

# Appendix 1 - Schedule of Activity

| Date | Activity |
|---|---|
| 25 June 2019 | Overview of the Council role in monitoring care and nursing homes and monitoring processes for quality assurance – Elaine Carolan, Strategic Commissioner of Adult Services and Julia Chesterman, Lead Commissioner |
| 13 August 2019 | Task Group discussion of next steps<br><br>Understanding the role of the care Quality Commission (CQC) - Sally Seel, Inspector, Central Region |
| August – November 2019 | Visits to meet managers and/or owners of 5 residential care and nursing homes (within the district areas of Malvern, Redditch, Wyre Forest and Wychavon) |
| 16 September 2019 | Understanding the role of Healthwatch Worcestershire:<br>Simon Adams, Managing Director<br>John Taylor, Director<br>Margaret Reilly, Engagement Officer |
| 24 September 2019 | Further discussion with the CQC - Stephen Taylor, Inspection Manager, Central West Midlands<br><br>Understanding the role of Worcestershire's Clinical Commissioning Groups in quality assurance of nursing homes - Linda Allsopp Associate Director of Nursing and Quality, Worcestershire CCGs |
| 17 October 2019 | Avril Wilson (then) Interim Director of Adult Services<br><br>Further discussion with Council officers responsible for quality assurance:<br>Elaine Carolan (then) Strategic Commissioner of Adult Services<br>Julia Chesterman, Lead Commissioner<br>Steven Peverill, Quality Assurance and Compliance Development Manager |
| 31 October 2019 | Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care<br>Elaine Carolan, Interim Director of Adult Services |
| 20 November 2019 | Task Group members only |

# Appendix 2 – meetings with care and nursing homes

**Care and Nursing Home visits – suggested questions for meetings with managers/owners of care homes**

Scope: The aim is to find out from the care/nursing home manager their experiences and views of how the Council checks and supports the home to deliver/maintain/improve services. (The scrutiny is not about checking care home quality itself, but how the Council does so).

- What interaction do you have with the County Council? – how often- is it planned / method / what is required/do you have a specific contact?

- Do you have any specific performance indicators that the Council/CQC monitor? How frequently? Are these consistent or do you have to provide different information to each organisation?

- How do you feel about the process for checking the quality of your services?

- What areas of maintaining services are most challenging? – Who is there to help with this?

- If you have been asked to address a particular area or issue by the Council, how has the Council followed this up?

- Is there anything that you think the Council should be aware of/suggestions for improvements?

# Appendix 3 - Documents received by the Task Group

- The risk matrix used by the Council to monitor care homes
- Numbers of out of county placements (of all service groups)
- Worcestershire care home data – numbers, Care Quality Commission ratings
- Information about the Council's Quality Assurance Team
- Weblinks to CQC website to view inspection reports and criteria
- Information about forums open to care and nursing homes