WHY HAVE SOME OUTSTANDING HOMES BEEN DOWNGRADED BY THE CARE QUALITY COMMISSION?

Dr Helen Stratton

April 2019

AUTHOR

Dr Helen Stratton has extensive experience in healthcare having originally trained as a nurse. She has held a number of senior positions in healthcare and more recently has been an independent consultant specializing in governance and safeguarding.

Her DPhil looked at why some individuals are motivated to change practices in the interest of patient safety and quality of care, often alone and against established regimes.

The work involved interviewing whistleblowers about their efforts to change practices often at a heavy price to their careers.

This work has allowed Helen to lecture healthcare professionals on clinical leadership and making a difference. Her talks are motivational and encourage all healthcare professionals to be patient advocates even when everything seems stacked against them.

THE OUTSTANDING SOCIETY

The Outstanding Society was given a grant by Care England to interview managers of Providers (care homes and learning disability homes) where they had received an Outstanding report from the CQC in the first inspection and in the second inspection received a Good or Requires Improvement. The project wanted to identify what were the key triggers for Providers to go from an Outstanding rating to a Good or Requires Improvement.

EXECUTIVE SUMMARY

KEY THEMES

Disruption caused to the operational processes and functionality by a change in ownership/manager,

At the second inspection there was an increase number of inspectors and their approach more distant.

The bar, in terms of expectations of CQC requirements, was set much higher than in the first inspection.

There was less dialogue with staff during the inspection process.

A Good CQC grading is good enough.

From data obtained from the Care Quality Commission, 30 were approached to be interviewed. Positive responses were obtained from 17.
The remainder either were not able to be contacted or did not wish to partake.

These interviews used open questions around the management structure of the Provider, the Care Quality Commission inspection, first and second time, along with any significant operational changes from the Provider.

Managers were cooperative and willing to discuss the reasons they felt they had lost the Outstanding grading.

A personal observation during the interview process was the beneficial affect for managers sharing their experiences relating to the inspection process and a number expressed their gratitude of being able to 'talk it through'.

In 3 of the 17 cases it was felt a change in a). ownership b). manager was the reason that the home was downgraded.

The remaining fourteen Provider interviews lead to the following conclusions as to the downgrading from Outstanding to Good or Requires Improvement.

1. The CQC inspection process has changed in terms of the number of inspectors involved and the time taken to carry out the inspection.
2. The bar or the 'goal posts' have changed since the first inspection. Expectations around care delivery, innovation and creativity are far higher

but Providers are unaware of what these expectations are making it difficult to achieve.

3. The overall approach of the inspectors is now more forensic and intimidating. Dialogue is limited throughout the inspection and there are few opportunities to explain changes or new practices. Some managers 'felt bullied and put down' by inspectors.
4. The desire to achieve Outstanding is diminished, in part because of the above, but also managers feeling that the CQC inspection whilst necessary is not the only gauge they require to know they are providing good care. At least 12 of the 14 spoken to imply they were just as happy to gauge the quality of care provided at their facility through testimonials from relatives, families and residents.

   This ambivalence to the grading could reflect a lack of trust, and importance of, the CQC process.

BACKGROUND AND METHODOLOGY

In this document the term Provider is used to describe care homes and learning disability homes.

Data was obtained from the CQC on those Providers achieving and Outstanding grading in the first round of inspections (2014/5) and who then received a Good or Requires Improvement in the second inspection (2018/9).
The data obtained was from 2014/5 to 2018/9. The new inspection process using the 5 Key Lines of Enquiry (KLOE) commenced at the end of 2014, the majority of first round inspections taking place in 2015.

The second inspections were in 2018/9.

In the data obtained there were 31 Providers that were a combination of care homes and learning disability facilities, which had received the Outstanding grading and had then in the second inspection received a Good or Requires improvement. One Provider had since been inspected and was no longer active.

The data obtained by the CQC was validated by searching the Providers website to confirm address, email and contact details along with Registered Manager and ownership.
All CQC reports on the Providers were read in preparation for speaking to the manager.

Once the data was validated the Outstanding Society sent out an email to the manager of the Provider, introducing the Society and explaining the purpose of making contact with them and asking for their cooperation. The email also included further information on the Outstanding Society and an opportunity for the Provider to decline being contacted.

The emails were sent out in blocks of 10 a week over a three-week period. The Providers were contacted by phone five to seven days after the email had been received unless they had expressed a wish NOT be contacted.

A number of calls had to be made to eventually make contact with the manager due to their busy work schedule.
If following 4 attempts the manager either chose not to discuss the matter or was not available calls were halted.

From the 30 Providers approached 17 responded positively and were happy to take part in the discussion.
Three of these Providers couldn't contribute much as the manager had just been appointed in the last four to six months and one was no longer in post.

Whilst 14 is a small sample group it was felt worth interviewing the managers.

The remaining 13 either declined to take part once they had been contacted by phone or following four attempts were not available.

It was decided to use open dialogue questions to the Provider managers to acquire the maximum amount of information.

Closed questions were thought to be too restrictive and wouldn't allow for free flow dialogue. Questions were asked about ownership or managerial changes prior to the second inspection along with views on the CQC inspection process on both occasions.

There was a good geographical spread and mix of Providers (care home and learning disability) for the interviews.

The interviews took thirty to sixty minutes with notes being taken at the time and transcripts written up following each call.

These can be seen in Appendix A.

FINDINGS

Changes to Owner and/or Manager

From the 17 respondents, three cited a change in ownership or manager as contributing to the downgrading in the second inspection.

One Provider had a change in ownership and salaries were significantly reduced and a number of staff left resulting in a heavy usage of agency staff.
This led to 'inconsistent delivery of care and a lack of personal attention to detail' due to different staff on most shifts.

The manager from one of the other Providers had left after the Outstanding grading and the home was now Requires Improvement. This manager felt that with any change of manager, processes and procedures will change, sometimes for the better, and staff will inevitably feel unsettled. It is possible for the overall culture and approach to the delivery of care to change for the better with new ownership and a change in management.

The third provider was a new manager and couldn't comment on the Outstanding grading as they didn't know anything about it but had been appointed following a Requires Improvement grading and had a 'list of actions to carry out as per the report in order to make the necessary improvements'.

In 4 of the remaining 14 Providers spoken to, an internal candidate had been promoted to the post of manager following the Outstanding inspection. This internal appointment reduced the level of change and was not felt to be a contributory factor in the downgrading at the second inspection.

CQC Inspection Process

Out of the 17 managers spoken to regarding the down grading from Outstanding to Good or Requires Improvement, 14 felt that the Care Quality Commission inspection process and its application were responsible for the change in grading.

The remaining three were not present at the first and second CQC inspection and therefore could not draw a comparison.

Some individuals had been present at both inspections but maybe not in their present role.

All 14 Providers spoken to felt that the inspection process the second time round was significantly different in terms of the time taken, the number of inspectors and the inspectors approach.

Managers at all 14 Providers felt that the inspectors came to the second inspection assuming the Provider was under performing and it was for the team to prove otherwise. Three managers commented that they felt because they had achieved Outstanding in the first inspection there was a determination by the inspectors to make sure they didn't get it at the second inspection.

One manager felt, possibly after bad press and media coverage for not picking up a poorly performing Provider in the area the inspectors were 'out to prove themselves'.

At the first inspection there was often only one inspector over two days and at the second inspection there were a team of three or four in one day. In the first inspection there was a more relaxed approach to the inspection with dialogue throughout the day with the team.

At the second inspection, often two or three years later, the approach was very formal with minimal dialogue or feedback during the inspection, which would have given the opportunity to explain operational variances.

Quotes from interviews

The more recent inspection had 4 inspectors for what is a 30 bedded home. They were in the home for a total of 9 hours. 2 inspectors, 1 in training and an 'by experience' inspector. The bar was much higher than before and the inspector in training was out to prove their expertise and forensic approach to the others.

All 14 respondents felt the bar had been raised in terms of what was expected from the CQC in the second inspection. Whilst there was an acceptance that this should be the case the mangers did feel they were 'working in the dark' in terms of what was expected beyond innovation and creativity.
One manager stated that the inspector on the second inspection said 'it is impossible to get an Outstanding rating twice'.

Quote from interview

Owner attended the inspection and was disappointed at the lack of having the opportunity to explain what the home was trying to achieve. The team felt the care remained as good as before with good care outcomes. The manager felt there was a lack of guidance as to what the CQC expects and that they were 'working in the dark'. The manager felt the staff felt a 'why do we bother' after the downgrading.

One manager explained that when they received the Outstanding grading they had very different residents and were able to do innovative and creative activities, but now the residents were more frail and older, making it harder to do such a wide variety of activities.

One manager spoke of their home being 'marked down' for not testing the call bells every day. They confirmed that they had tested them weekly and had previously asked colleagues at homes in the area who had also tested them the same. The conclusion being that there were no clear guidance on what was considered right or wrong in relation to this process, so how would they have known once a week was inadequate?

Another manager described to the inspector their process for checking water temperature of the thermostatically controlled showers but as they did not use a thermometer each time they used the bath, were penalized rather than, as they thought would be appropriate, the inspector taking a view on whether the practice they used was adequate.

From the first inspection and the Outstanding grading all managers felt that three years between inspections made it hard to maintain the innovation and creativity required to meet the raised bar of expectations.
One suggestion was to have more frequent less intensive inspections at facilities to get a feel for the environment and care standards over a period of time rather than a snap shot in time on one day in a three-year period.

The approach and attitude of the inspectors was referred to by all 14 respondents. The reduced dialogue throughout the second inspection certainly contributed to the feeling of 'on trial' and 'investigation' rather than collaborative working. It was described as 'attacking, forensic in its approach and brutal'.

One manager felt they were being 'criminalized' by the inspectors.

Another manager had a number of complaints from residents and families when the inspector asked residents 'do the staff hit you'.

All 14 of the managers asked for a more pragmatic approach to inspecting the facilities instead of a box ticking black and white approach.

One manager explained that 'inspectors should be experienced enough to take a view on a practice or situation rather than stating it was right or wrong'.

Improved dialogue throughout the inspection would allow the provider to explain any concerns and the inspectors could then 'take a view' on a practice or concern.

All 14 managers felt a more practical and measured view was required rather than a 'right or wrong' blanket approach. These comments regarding a more pragmatic approach were not made to cover up or justify any poor practices, as most managers spoken to were very quick to confirm their shortcomings and be accepting of obvious errors.

Five managers voiced their concerns about the inspectors not taking into consideration the mental and physical requirements of the individual residents and the varying levels of dementia of each resident. This individuality of residents makes it difficult to make a 'one size fits all' judgment on elements of care.
One manager said ' the same criteria for assessing quality of care cannot be applied to all types of clients and residents'.

All 14 managers felt that it should not be under estimated the impact an inspection has on the staff and their moral, which can take months to repair.

Three of the managers took time off following the inspection due to anxiety and stress resulting from the inspection process. One described herself as being devasted by the inspection process and terrified about the next inspection visit.

From the 17 respondents 12 were now comfortable with the Good grading and some felt the Outstanding grading had put pressure on the staff to perform and achieve a second Outstanding. These respondents felt they knew their home was good and in areas exceptionally good and were happy with the Good grading. (Did any homes appeal the process?)

One manager said they 'would rather their staff were concentrating on giving exceptional care to the residents (holding a hand or comforting them) than worrying about their 'performance' when the CQC inspection took place.

One Regional Manager spoken to described the Outstanding grading as a ' mill stone round their neck' which now they have a Good grading they can concentrate on caring for the residents without having the unnecessary pressure of achieving Outstanding. Whilst a Good grading was considered good enough 2

managers explained that the majority of facilities receive a Good grading and the overall range in terms of standards of care in the Good category is very broad.

Quote from interview

The Manager said I feel that the staff knew they provided Outstanding care and they didn't need to see it on a certificate to know that. The Provider is happy with the Good grading although admitted that the Good grading was very broad and encompassed Providers not necessarily as 'good'.

The increased publicity on receiving an Outstanding report was undeniable but all respondents said it made no difference to an increase in enquiries, occupancy or recruitment of staff.

CONCLUSIONS

Their concerns lay around the inspection process, the attitudes of the inspectors and the need to constantly be improving but have no clear guidance or opportunity to share best practice to know what this improvement looks like.

Dialogue is limited throughout the inspection and there are few opportunities to explain changes in the home or new practices. Some manager's felt bullied and 'put down' by inspectors.
12 out of the 14 providers felt that the overall approach of the inspectors is now more forensic and intimidating.

Accepting that there are always some 'bad apples' the managers didn't want to be placed in that category before the inspection process started.

All 14 managers wanted to have a more collaborative working relationship with the CQC and the inspectors rather than an interrogatory/investigative approach.

Whilst the desire to achieve Outstanding was diminished, 12 of the 14 managers felt that the CQC inspection is not the only gauge they require to demonstrate they are providing good care. Many managers said they rated the quality of care they provided from testimonials of residents, their relatives and friends

All providers spoken to were passionate and driven to provide good care and were disheartened by the downgrading from Outstanding but agreed there was a need for an inspection process and welcomed the concept.

APPENDIX A

Feedback from Care homes - Anonymous

- This home went from Outstanding to R.I over a period of 2 years.
  The manager has been in post for 14 years and in the sector for 25 years

  The home is of charitable status and has a Board of voluntary trustees. Independently owned and has the same management in place.

  The manager felt the inspector was a bully and had 'baggage' from not finding issues at another home that ended up being on Panorama so had a point to prove.

  There were issues as they had gone to computerised care plans and had a new member of admin staff so care plans were considered inadequate. There was an out of date drug by 2 days.

  The inspector upset a number of the relatives and asked residents whether the staff hit them.

  The whole experience left the manager very upset (devastated) and now is terrified and ill when she knows an inspection is coming up.

  When asked about complaining to the CQC she had asked for the inspector not to return to the home and now has a male regional inspector and at the last inspection had a good inspector gaining a Good rating.

  The home works with the local schools and colleges to encourage young people to come into social care.

  She has a very low turnover of staff and no agency. Happy staff makes for a happy home
  They have appointed a young deputy manager.

- Feedback from ex manager at Outstanding home who has now left felt the following were factors in the subsequent downgrading.

1. Change of Manager brings new processes and can unsettle the operational flow. A change of culture and ethos that goes with a new Manager.
2. Easier to achieve Outstanding that maintain it as the bar has been raised and staff are not as motivated
3. Some people think Good is good enough

- Not manager when home received Outstanding believes the downgrade to Good was because it was a different inspector (new to the role) previous inspector had done a number of inspections before.
  Happy with the Good grading

- New Manager from 7/2018 doesn't know anything about the Outstanding grading but home is now R.I and is tasked with making the necessary improvements from the CQC report

- Manager at a learning disabilities facility was a member of staff when Outstanding was awarded and is now manager. Had been in post 6 months when the CQC inspected and felt the grading was fair.

  The last inspection involved a different inspector but the staff felt even though the care was of a similar standard they felt the bar had been set higher by the CQC. They felt that it was difficult to maintain the standard over a three-year period with a change of manager, staff and tenants although they felt the care was of a similar standard.

  They felt strongly that the care ad not changed but they had been through a transition period. They were very accepting of the Good grading given the variables they had experienced.

- Independently owned with same manager in role at Outstanding.
  Disappointed at inspection as some simple things were identified but they received no feedback at the end of the day when staff felt they could have explained the issues.
  The home was in the process of changing paper care plans as at the last inspection (Outstanding) they were told to change them. They decided on a bespoke system and were in the process of changing these over. Issues were found around mental capacity and DOLS due to the new system and a medication error.

  At the time of the inspection they had an independent advisor who was surprised at the lack of feedback from the inspector at the close of each day.
  Owner attended the inspection and was disappointed at the lack of having the opportunity to explain what the home was trying to achieve. The team felt the care remained as good as before with good care outcomes. The manager felt there was a lack of guidance as to what the CQC expects and that they were 'working in the dark'. The manager felt the staff felt a 'why do we bother' after the downgrading.

  The owner and manager did go to appeal with no avail. The manager has said the owner would like to speak to me about the project
  as he is interested in contributing.

- Spoke with Regional Manager responsible for 4/5 homes and the one, which had Outstanding and then Good 3 years later. The Manager also spoke to me later in the day. The Regional Manager had been at the home during the last inspection.
  The Regional Manager had been in care for 20 years. When they had their first inspection they had one inspector and received an Outstanding rating. The more recent inspection they had 4 inspectors for what is a 30 bedded home. They were in the home for a total of 9 hours. 2 inspectors, 1 in training and a 'be experience' inspector.
  The bar was much higher than before and the inspector in training was out to prove their expertise and forensic approach to the others. The staff found the inspectors quite threatening and the lead inspector had told the Regional Manager she was depressed.

  The feedback at the end of the day was very promising and they believed they would get an Outstanding again. The report was short and quite bland but when read it reflected Outstanding but they got a Good.

  They appealed with no positive response or change in grading. The view now of the home and others in the group is that Outstanding is a millstone round your neck as you try very hard to improve and maintain the standard with little hope of doing so. The Group feels feedback from residents and relatives is more important that the Outstanding grading and don't feel the need to 'feed their ego' to achieve Outstanding. The change in grading has made no difference to their capacity in take, residents or their families. Unfortunately they have little respect or time for the CQC and 'not bothered' about their grading 'its what happens in reality that matters'.

- Spoke to Deputy Manager as Manager on Maternity leave. When they had their Outstanding report it was with one inspector and more recently the inspection had 2/3 inspectors. On the first inspection the staff were involved with the process and there was dialogue all day. The second inspection involved looking at paperwork and no discussion with staff. There was a feeling that the report did not reflect the grading and that improvements and achievements were not acknowledged. They were surprised at the down grading but it hasn't made any difference to the home or peoples interest. They now feel having an Outstanding rating, which they were also surprised at, puts pressure on the staff and not knowing what the CQC believes deserves an Outstanding makes it difficult to achieve a second time. They feel that what is important is how the home 'feels and functions' is more important.

- Manager started by saying the CQC grading was a' bone of contention' with the team and the group. Following the Outstanding grading everything at the home was either the same or they had made

improvements and the grading changed to Good. They felt the report reflected an Outstanding grading but the KLOE's were all but one down graded to Good. They felt they should have got an Outstanding in Well led. On receipt of the second report they appealed and a number of the residents families wrote in to the CQC detailing the exceptional but the grading remained.
The staffing at the home is the same, rarely changes and the manager has a waiting list of staff wanting to work at the home.
The second inspection was upsetting for the staff but the manager feels they know they are good at what they do and not having an Outstanding grading has made no difference to the home, the residents and their families.

- Spoke to Manager of the home who was very reluctant to speak to me but eventually opened up about their Good grading. I assured her that the conversation was confidential. The manager has been there for 9 years and her deputy 20 years. They have a very low turnover of staff.
The first inspection was 1 inspector and 2 days and the following one was 3 inspectors and a day. They felt different areas were looked at and felt the home was as good if not better than before. The lead inspector told them it was almost impossible to get a second Outstanding and 'apologised' for the downgrading. They appealed to the CQC with no change to the grading. The home doesn't believe it made a difference to the home receiving Outstanding or their reputation or families being interested in the home. They believe the continuity of care is still there and will strive to get Outstanding again but they don't want the pressure to perform to distract them from giving excellent care.

- Manager at a Learning disability facility was appointed to her first managerial position after the Outstanding grading. They have now been in post 3 years. The inspection process was described as ok but as the new manager had put in place a number of additional iniatives such as auditing, they were disappointed in the down grading. The manager felt that the client base had changed significantly since the Outstanding rating and the clients were older and didn't want to partake in the unique/challenging level of activities that they had undertaken previously such as trips abroad and helicopter rides. This exceptional range of activities had helped them achieve the Outstanding grading. The facility was 1 of 3 and one of the other facilities had received an Outstanding. The manager was comfortable with the down grading as it was her first manager post but felt disheartened that the Good grading was very broad.

- At this Learning Disability facility the present Manager had not been the Manager at the time of the Outstanding grading but had been employed at the facility. They felt the first inspection was quite straightforward and 'black and white' whereas the last inspection three and a half years later was 'grey' in terms of expectations and requirements. The second CQC inspection came 2 days after the previous manager de-registered and

recruitment was taking place so could have contributed to the down grading although the present manager feels the Good grading was appropriate as a couple of errors were found at the inspection. The manager felt from speaking with colleagues that it was 'much harder' to achieve Outstanding now and wasn't sure they wanted to put the staff under that sort of pressure. They didn't feel the Outstanding grading had any impact on the home in terms of increased enquiries or reputation although the initial grading of Outstanding was great to have at the time.

- Manager at Learning disability had been the deputy when the Outstanding grade was given and is now the manager and was the manager at the time of the second inspection. When asked whether this had an impact on the grading they felt it may have but that home had changed in terms of clients and the inspection process had changed. There was no real difference in the facility but the inspector had told them 'off the record' that they had to do a great deal more now to get an Outstanding and manintaing the status quo was not good enough. The Manager felt that the staff knew they provided Outstanding care and they didn't need to see it on a certificate to know that. The facility is happy with the Good grading although admitted that the Good grading was very broad and encompassed facilities not necessarily as 'good' as he felt his was. The Outstanding grading was covered in the press but may no real difference to the number of enquiries or capacity.

- Manager has been in post a month and this is her second managerial appointment. Facility is rated as R.I having been Outstanding 3 years ago when the home was quite small (has more beds now) and different residents. Manager is aware that she has inherited a number of challenging issues but is tackling with immediate effect. This manager is very keen to absorb any help or support that is available from the care industry. Health Watch have already been a support to them.

  They believe the rating is rather unfair given the small issues (mainly paper work related) but admitted to 1 breach. Their experience of the CQC is that it is an unfair, disorganised and un balanced process, which is a snapshot in time (1 day) whereas 2 visits a month apart may give a more balanced view. The manager felt the requirements and expectations of the CQC were constantly changing making it difficult for facilities to know what would be deemed as good.

  The facility was not given the opportunity to discuss the CQC's definition of spiritual needs as they interpreted as well being 'what makes you warm and happy' not necessarily religion which is what the CQC believed. There were issues around End of Life Care as not all residents wanted to discuss this or family members and the CQC said it was mandatory. The manager felt thee was no excessive paper work taking staff away from caring for residents.

- Spoke to senior floor manager as overall manager is running another sister facility. When they received an Outstanding rating they had just moved into a new purpose built building of 8 beds and were delivering a very innovative and unique treatment to one of their clients. The client is now at home and they are not delivering this treatment any more, which they feel may have affected the downgrading. The feeling was that the Outstanding gave them increased publicity and the Group ownership was very pleased with the result but it didn't make any difference to the care delivered. They felt it was 'easier' now they had a good rating as the pressure to perform was reduced and there would be more concern if they had a R.I grading than a good which is felt to be good enough.

- Manager at learning disabilities facility was present when they received an Outstanding rating and is now manager following the second inspection where they received a Good. They spoke very frankly about why they had a Good and the reason given was that following the Outstanding rating they were 'brought out' by another Group so had a change in ownership. Salaries were cut and a number of senior staff made redundant. Staff left because of the salary cuts (unable to survive) and now over half the staff are Agency staff and often not the same staff members. When the CQC inspected for a second time there were 3 Agency staff and 2 regular staff. The manager feels they were 'lucky' to get a Good and should be grateful given the changes and in particular to staff.

- Discussion with MD of 2 care home facilities both of which received Outstanding in first inspection round. One of the facilities retained the Outstanding and the other received a Good grading. The first round of inspections were described as 'joyful and productive' and an Outstanding grading was received. The second inspection could not have been more different in its 'attacking, forensic and brutal' approach. The facility felt like it was being investigated rather than inspected. The staff felt demoralised ad miserable during the inspection and afterwards. It was felt that the process was 'box ticking' and did not accommodate the difference in the residents i.e. those with more complex dementia needs. The process did not allow inspectors to be pragmatic or 'take a view' on situations overall, it was either right or wrong which in healthcare is almost impossible to judge given the nature of the service. The team at the two facilities felt that the CQC was out to 'get them' as they had achieved an Outstanding before. Even accepting the requirement to have an increase in innovation and creativity to retain the grading it felt they had 'failed' from the beginning of the process. They feel that having a Good grading and knowing you are providing a first class service is enough for them as the Outstanding rating comes with additional and often unrealistic pressure for staff.