Inquiry into regulation of care for older people

Bupa

This letter is sent on behalf of Bupa Care Homes, which are part of the Bupa Group (“Bupa”).

Bupa is a leading international healthcare company. Established in 1947, it has over 10 million customers in more than 190 countries and employs over 52,000 people around the world.

Our main interests are health insurance, care homes for young disabled and older people, workplace health services, health assessments and chronic disease management services.

While Bupa’s largest and original business is in the UK, we have significant businesses in Spain, Australia, Denmark and the US. Bupa also has businesses in Hong Kong, Thailand, New Zealand, Saudi Arabia, India, China and Latin America including care homes in Spain, Australia and New Zealand.

Bupa has no shareholders. We reinvest our money to provide better healthcare for our customers, helping them to live longer, happier, healthier lives.

Bupa Care Services (“BCS”) is the second largest care home operator in the UK and the biggest provider of specialist dementia care. We care for over 18,500 residents in more than 300 care homes, with over 70 per cent of our residents financed wholly or in part by local authorities or primary care trusts. In Scotland itself there are 30 care homes and a total of 2874 beds.

BCS is a committed participant in long-term residential care, and the only major brand in all the care home markets in which we operate.

We refer to the inquiry into regulation of care for older people and to the questions posed. We welcome the opportunity to respond to the key question: does the regulatory system ensure care services for older people are providing good quality and appropriate care?

Can we be confident that the regulatory system is picking up on care services where the quality of care is poor?

The introduction of SCSWIS saw a move from all services being inspected twice a year to a number of services only being inspected every two years. This reduction makes it more difficult to state that all poor quality services are being identified. We support a risk-based inspection programme, but feel that those rated as low risk should still be inspected annually and those rated as medium risk or above should receive a minimum of two inspections per annum. We entirely agree with the move to 100 per cent unannounced
inspections on the basis that they assist in providing inspectors with an accurate view of the service provided on a day-to-day basis.

**Are there any particular weaknesses in the current system?**

The Grading and Inspections

Comparing the system to the old English star ratings system (KLORA), the Scottish system has a greater number of categories and each general quality area is then split down even further. This has the advantage of making the Scottish system a more accurate and analytical process (rather than being driven by one person’s observations and personal interpretations), but the disadvantage of being quite complicated to follow. We believe that a system more prescriptive than KLORA, but less complicated than the current Scottish system, would be the ideal.

Since April 2008 each service is awarded a grade of 1 – 6 across four aspects of care: quality of care and support; quality of information/environment; quality of staffing; and quality of management and leadership. The grades used are: 6 – excellent; 5 – very good; 4 – good; 3 – adequate, 2 – weak; and 1 – unsatisfactory. We have noted a number of positive and negative aspects to this system.

Having four scores allows stakeholders to form a more detailed picture of a service’s performance. It also allows them to select a care home that performs strongly in an area that is a priority for them, i.e. they may not be so concerned about the environment but prioritise quality of care. Having six ratings rather than four or five allows the regulator to differentiate between services performance more easily. The introduction of the grades has allowed far easier comparison of services and makes it more straightforward for a home to use its report when communicating with potential residents and their families. Any statement scored as a “2” or “1” reduces that whole theme to a “2” or “1”. This focuses everyone’s attention on the priority areas.

On the other hand, having four scores rather than one overall score, means that it is more challenging to form straightforward comparisons between services. Ultimately it can be quite complicated for people to understand. All scores are rounded down, meaning a home with a theme rated as 5,5,5,4 scores the same for a theme as a home rated as 5,3,4,4, or 4,4,4,4.

We have one care home which is rated: 4,5,5,5 / 4,5,5,5 / 4,5,5,5 / 4,5,5,5 = 4,4,4,4 overall. We have another care home where all grades are 4 and ultimately it scores the same overall despite a clear difference.

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<th>Ratings</th>
<th>Overall</th>
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<tr>
<td>Home A</td>
<td>4,5,5,5 / 4,5,5,5 / 4,5,5,5 / 4,5,5,5 = 4,4,4,4</td>
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<tr>
<td>Home B</td>
<td>4,4,4,4 / 4,4,4,4 / 4,4,4,4 / 4,4,4,4 = 4,4,4,4</td>
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From our experience, it appears that a regulator will reduce a care home’s grades from a “5” or “4” to a “2”, based on one inspection, but is not happy to
do likewise in the opposite direction. For example we saw a home downgraded from 5,5,5,5 to 2,5,2,5 as a result of a single complaint. On reviewing the results for other care home providers, it would appear that this decision was extremely harsh.

Similarly, some issues require a more proportionate outlook. For example, an item of laundry going missing in a home with 120 beds is less significant than in a 20 bed home, not because the issue is less important, but simply because of the difference in scale of washing in each home. At present the regulator appears to attach no relevance to size and scale and treats issues equally regardless of other factors.

When the system was based on a minimum of two inspections per annum, it meant that care homes often had their second inspection rushed at the end of the year. Instead of reverting back to the old system, we suggest that time would be better spent prioritising the weakest services for a second visit.

The Consistency of Inspectors and application of standards

Our experience has shown that the way different inspectors interpret similar situations varies from home to home. As a provider of care across a large portfolio we often experience varying reactions from inspectors when faced with similar situations. We have also studied a sample of reports of other providers’ services; these also highlight the fact that some inspectors class similar issues differently. Some inspectors list an issue as an "area for development", others as a "recommendation" and then others as a "requirement". A specific example can be given around environment. A change of inspector can see a home’s layout, which previously has not been an area of concern, as becoming a concern despite there being no discernable change.

Within the sector providers can identify those Inspectors who will always issue numerous recommendations and those that won’t issue any. It thus appears that the internal benchmarking and review of inspectors’ performance could be developed further to aid the quality and consistency of the process.

Administration and publication of results

The length of time between verbal and written communication following an inspection varies considerably and depends on the inspector rather than the risk. Verbal feedback can sometimes immediately follow an inspection and on other occasions can take weeks. Similarly, the production time of a draft report can vary significantly. Within the complaints area: a complaint may be made, but is either not investigated or the outcome is not feedback for a number of months. As an example a complaint made in October 2010 did not lead to any feedback to us until April 2011. The feedback led to the home being regarded as weak, based on an issue which took place in June 2010, some nine months earlier.
We have also found that it takes too long to have inspection grades published for public viewing. It can take six months between visit and publication on the web site. Thus the information available to stakeholders is often misleading.

**Does the system adequately take into account the views of service users?**

We believe that during an inspection the regulator is very good at capturing the views of the residents. At times we feel it would be beneficial, and if the person consented, for the opinions to be shared with us, as this would help us to improve the service which we offer.

We also believe that when a complaint is made, especially when considering the opinion of just one resident or their family, it may be helpful to discuss the opinions with other residents and their families, but also that the provider should be allowed to comment on the complaint.

**Does the registration and regulatory system provide an appropriate basis for the regulation, inspection and enforcement of integrated social and NHS care in the community?**

Overall we believe that the present system, although it has weaknesses, does look at the correct areas to ensure that care for the elderly is appropriate. The focus on care and support at every inspection is good and, from a customer’s point of view, the areas inspected are ones which we believe can support informed decision making.

We would be delighted to discuss any of the issues raised in this response with you at any time.

Ailsa Pemberton  
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16 August 2011