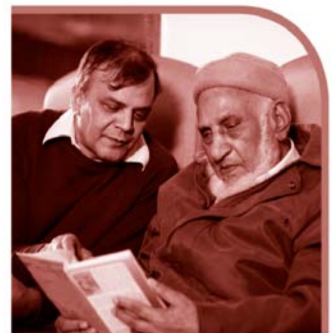
Care Quality Commission

Testing the methods

A report on the methodology for the home care inspection programme



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Testing the methods: A report on the methodology for the home care inspection programme of 250 home care services providing personal care for older people

1. Introduction

As the population ages, people are living longer and more of us want to be cared for in our own home. Good quality home care services, provided by a workforce that respects the rights and dignity of those they care for, are key to meeting these needs.

This report sets out the reasons why the Care Quality Commission (CQC) wanted to test a range of methods for the inspection of home care services, how we tested these approaches, the lessons we learned and the implications they had for future inspection of these and other community-based services. The report includes some of the interim analysis of feedback from our inspectors and Experts by Experience that was collected as part of an overall evaluation of the themed inspection programmes.

We have made clear that a significant part of our approach to all our inspections is to give a central role to the voice of people who use services, their families and carers. We are also committed to carrying out unannounced inspections of providers, except for dentists and primary medical services, so that we can observe, in the care setting, what the quality and safety of care looks like on the day.

However, these two requirements present particular challenges for us in the regulation of home care services. We therefore wanted to test out a range of methods to see if there were more effective ways of capturing the views of the people who use the service and their carers when carrying out unannounced inspections.

Our current approach for the inspection of home care agencies

Currently in the regulation of home care services, our inspector visits the office of the home care provider, and when they arrive, they talk to the manager and staff, depending on their availability. We only generally announce our visit where we know the agency is small and there is a risk that the office will be unoccupied, because we want to maximise the opportunity of meeting and talking to staff. We also review relevant records such as staff training and supervision.

This current approach has not routinely involved inspectors visiting the home of the person receiving care, although inspectors have undertaken visits or spoken to the person over the phone about their care experiences. There has been no clear and consistent approach about whether or not to visit the person at home or to contact them by telephone to ask their views about care. We have not consistently captured the views of family members or other carers involved in the wellbeing of the individual.

Our rationale for testing a range of methods for home care inspections

A key underpinning rationale for exploring a different range of methods for inspecting outcomes for people was to understand the home care market and its significance in supporting people who receive personal care in their own homes. Over six million hours of regulated home care are delivered every week in England and our register in April 2012 had 4,515 home care providers registered in England. Although home care is not only a service for older people, those aged 65 and over form the majority of people using home care, accounting for 77% of all state-funded home care services.

Home care is a generic term used to describe a range of care and support programmes that aim to help people maintain their independence. It can take many forms and is linked with other services in the community such as supported housing, community health services and voluntary sector services. We recognise that support programmes, including shopping and domestic tasks, make a significant positive difference. However, we only regulate providers who deliver the regulated activity of 'personal care' and for this themed inspection programme we specifically looked at people aged 65 and over. The basis for providing personal care to older people in their own homes is:

- To prevent admission to hospital.
- To prevent admission to a care home.
- As part of reablement in helping people to regain independence.
- As part of end-of-life care.

In spite of the importance of the services to individuals and their families, some recent national reports have pointed to problems with home care services. The Equality and Human Rights Commission (EHRC) published its report *Close to home* in November 2011, uncovered areas of concern in the treatment of some older people and significant shortcomings in the way that care is commissioned by local authorities. An investigation published by *Which?* in March 2012 also uncovered failings in many areas of home care, and the United Kingdom Homecare Association (UKHCA) reported on a survey about how home care services are commissioned by local councils and trusts in its report *Care is not a commodity* (July 2012). A further report published in summer 2012 by the trade union UNISON includes the results of a survey of home care workers. *Time to Care* highlights how poor terms and conditions for workers can help contribute towards lower standards of care for people receiving home care services.

2. How we tested the range of methods

We decided that the best way to test a range of methods was through our themed inspection programme of work. Themed inspection programmes involve inspections of a sample of services, inspecting against the same outcomes, in all cases. The planning and delivery of the programme includes an expert advisory group that steers the work of a team of inspectors, often accompanied by Experts by Experience and professionals advisors working together as a team. Experts by Experience are people with experience of using services or supporting people who use services. They are trained and supported by support agencies and carry out information gathering usually by speaking to people on behalf of CQC.

Themed inspections result in a national report, which can support improvement for both providers and systems across a sector. The national report can also promote what works well and provide case studies that can help to deal with any issues identified.

We also decided that we wanted to test the range of methods through a pilot programme before rolling out the inspections across a bigger sample of service providers.

Initial pilot 2011

In the autumn of 2011, we carried out a pilot of 30 inspections of home care agencies. The purpose of the pilot was to try out methods to capture the views of people receiving care in their home and to understand their experience of home care. The pilot inspections used either questionnaires or experts by experience, who carried out telephone interviews. Following the pilot, we wanted to build on the findings and see if there were further methods and tools we could use to gather people's views effectively – especially the views of people who are in the most vulnerable circumstances.

Our learning from the pilot programme of inspections

During the pilot, we learned that some of our processes were too complex and we streamlined these. In particular, we removed a step in telephone calls made by experts by experience that involved our contact centre making the first call. People found this too confusing. We improved the briefing information given to experts by experience and the format of the report to make it easier for both them and inspectors. We recognised the need to develop other ways to gather information, for example, web questionnaires, and to streamline the collection, storage and analysis of feedback. Feedback from the inspectors for both these methods was very positive overall and the information they collected was considered of real value.

The methods and tools used for the full programme of inspections

The full programme of inspections started in April 2012 and 250 home care agency locations were scheduled for an inspection.

Selecting the sample

Our initial requirements were for a random sample of 250 home care agencies from a total of 6,830 locations registered to provide personal care services for older adults.

CQC operates across four regions of England: North, Central, London and South. The sample was selected so that the proportion (percentage of total locations) of each type of provider category, within the sample, matched that region's overall proportion of home care providers.

This initial sample was then sent to some regional colleagues to remove locations based on the following criteria:

- Any locations owned by a provider that had already been included in the sample.
- Any locations that provided exclusively child and adolescent or drug and alcohol or learning disability services.
- Any locations that had been inspected in the last six months.

Any necessary replacements (or removals) were then performed on a random basis, while maintaining provider size proportions, to give a total of either 62 or 63 locations per region (62 for London and South regions, and 63 for Central and North regions). At this stage, 101 out of 151 local councils had an agency included in the sample, which reflects that local authorities are still providing home care – usually as part of a reablement service.

While the number of locations for each region was maintained, this regional selection process did result in changes to the proportions of different sizes of providers. However, this was not considered to have significantly compromised the randomness of the sample of locations selected for inspection. The final sample for scheduling included 105 out of 151 councils having a service scheduled for inspection.

Regulations to be inspected

The inspections focused on the regulated activity of 'personal care' provided to people over the age of 65. The inspections assessed and judged an organisation's compliance with five of the regulations in the Health and Social Care act 2008:

- **Regulation 17 Respecting and involving people who use services** (Outcome 1).
- **Regulation 9 Care and welfare of people who use services** (Outcome 4).
- **Regulation 11 Safeguarding people who use services from abuse** (Outcome 7).

- **Regulation 23 Supporting workers** (Outcome 14).
- **Regulation 10 Assessing and monitoring the quality of service provision** (Outcome 16).

The outcomes are what we expect people to experience when they receive care that meets the essential standards of quality and safety.

3. What did we want to learn from this programme?

We wanted to use the themed inspection methodology to have a more focused look at a sample of registered home care providers. As well as assessing for compliance against the five regulations listed above, we asked inspectors to focus on the following 'themes' during their inspections. Our Advisory Group supported the themes as being an important focus.

- People are treated with dignity and respect.
- People have choice about the care and support they receive.
- People benefit from effective systems for safeguarding.
- People are supported by people who are skilled to undertake their care and support.

By identifying themes and encouraging inspectors to focus on them, we anticipate that our final analysis will provide evidence of how people experience their home care and what services are doing to ensure that people received good quality and safe care.

We wanted to build on the use of questionnaires and experts by experience in the pilot to see if our systems, and the support agencies that help and support the work of experts by experience, could manage a significant increase in the number of people to be surveyed and that they could provide evidence for the report based on the 'real life' experience of people using the service.

We also used a web-based questionnaire to capture the views of carers and staff to add to the evidence base.

We introduced the option of using the Short Observational Framework for Inspection 2 (SOFI2), when appropriate, to use with some individuals.

4. Results from testing the methods

We tested the following methods as part of this themed inspection. A summary of how each method worked, as well as conclusions and recommendations for our future inspections of community based services, is shown below.

Unannounced inspections and their effect on selecting people who use services to interview

Following the 2011 pilot, all inspections became ‘unannounced’. This meant that we could not collect the contact details of people using the service from the provider before the inspection, as in the pilot; otherwise we would alert the provider to the impending inspection. This presented a challenge because feedback from inspectors in the pilot showed that the questionnaires provided inspectors with some key issues to look at in the inspection at the office site and for questioning staff and the manager.

Similarly, not having contact details in advance of the inspection meant that the experts by experience had to carry out their interviews after the inspection site visit. We tested out a new method of collecting contact details by using our link with councils, as commissioners, to ask for contact details of people for whom they commission a service. This meant we could use these details to send a questionnaire and have it returned and analysed in time to provide some information before the inspection visit to the office.

We also needed a sample of people to include those who were buying their own care for the experts by experience to ring and for the inspector to speak to. This meant that we had to try out a new method of asking the provider on the day for their client list, then choosing a possible sample and sending it to the support agency of the expert by experience to make initial contact. Both these methods threw up unexpected challenges.

Conclusions and recommendations
Inspections of services where people are not resident should be announced with a varying period of notice depending on what information is needed before the inspection. This will enable us to have up-to-date contact details to post questionnaires and enable experts by experience to be ready to contact people once the inspection begins.

Questionnaires

The questionnaires were based on those used in the pilot with input from the Advisory Group, Experts by Experience and the ‘Speak Out’ network. This network is a group of people who use services, or their advocates, who are from specific groups and who would not usually take an active role in health and social care policy discussions. They are supported by the University of Central Lancashire, which works with CQC to ask groups to participate in development work,

discussions about the way we inspect and other activities about our role. Groups in the network come from a variety of backgrounds and are based around the country.

We planned to send two questionnaires together – one to be filled in by the person using the service and one for them to give to their carer or relative to fill in if they wished. We weren't able to get contact details before the inspections started and so we asked the local authorities to get these. Once we had the contact details, an external organisation mailed the questionnaires on our behalf. Approximately 5,000 questionnaires sent out and a total of 1,003 completed postal questionnaires were returned to CQC. This is a response rate of 21%, with 468 questionnaires from a friend/relative and 535 from a people who use services. The responses were given to the inspector to help them with their assessment and judgement of the provider.

Conclusions and recommendations
Using questionnaires gave us additional views about a service that we wouldn't otherwise have. Our initial findings from the evaluation showed that the majority of inspectors who took part found that the information from the questionnaires was useful to them for their inspection and reporting.

Ensuring the secure transmission of confidential personal information between organisations proved challenging and time consuming to resolve. We need to work more closely with local authorities to set up the opportunity to exchange information to support timely and secure transmission of confidential information.

There is the additional challenge of contacting people who buy and pay for their own care. Councils generally only have the details for people who are publicly funded. The exception to this is sometimes where councils offer a time-limited reablement service to all who require this input, irrespective of their financial means.

We plan to develop other ways to gather views that can be more inclusive and continuous, for example, web questionnaires, leaflets and working with third sector (voluntary) support groups and LINks (soon to be local Healthwatch) to gather bespoke information from groups of people using a service.

We will explore using the feedback mechanisms that councils and providers of care services already have in place, for example quality questionnaires, to reduce duplication of effort.

Web-based questionnaires

For people using the service and their relatives:
Following feedback from the 'Speak Out' event looking at the paper questionnaires, and to try and make it as easy as possible for people to provide feedback, we also developed a web-based questionnaire as an alternative to the paper questionnaire. We publicised this through LINks and the carers networks. There were 130 webform responses (103 from a friend/relative and 27 from people using the service).

For care workers:
A web questionnaire was available for staff to fill in independently and confidentially. This asked them about their work at the agency and was based around the specific themes.

Conclusions and recommendations
Using web questionnaires demonstrated their potential to enable more people to give their views about an agency, although we found it difficult to promote the availability of the web questionnaires before our inspection as we did not have the details of people using services. If we had indicated in the agency that we were seeking views, it would have alerted the provider to the forthcoming inspection.

Web questionnaires and surveys are becoming a more common form of collecting information. We will keep these as an option and find a way of raising awareness about the 'your experience' part of our website so that carers and staff can complete their feedback at any time. Also, we need to raise awareness about how people without internet access can share their experience with us through our national call centre or other support organisations. We will develop ways of organising to meet with groups of staff, carers, and relatives about a specific service to collect information we need.

Specialist advice

We recruited a small number of practising professionals to form an advisory bank. They have experience in providing home care services and were available to provide up-to-date specialist advice during and after the themed inspections.

This supported benchmarking activities and helped identify what is considered good practice.

Conclusions and recommendations
We will continue to recruit from this field to help with our future inspections and development work through our recruitment of a bank of specialist advisors.

Experts by Experience

Building on their success in other care settings and in the pilot, the Experts by Experience were asked to take part in the telephone interviews. Feedback from previous inspection work has told us that people will tell more to someone who has had a similar experience than to an inspector, because they feel they have empathy with them. The Experts by Experience had a short introductory script, a set of questions, and prompts related to the themes, but they were encouraged to hold a conversation rather than an interview. The questions had been developed previously by our involvement team and were slightly adapted for home care, and the Experts by Experience were selected on the basis of their work in care homes and other settings. Any new questions were developed through the same process. The support agencies carried out telephone training for the Experts by Experience to increase their confidence in making calls. Experts by experience are also trained

by their support agencies about inspection, and associated issues such as safeguarding.

We used experts by experience in the majority of the inspections. They planned to speak to eight people on average for each inspection, which meant we would collect the views of 1,600 people over the programme. Feedback from the experts by experience told us that they were able to carry out the calls effectively and that people told them they felt comfortable speaking to someone who had similar experience. The experts by experience felt that their particular experience helped them to know when to ask more detailed questions about specific areas.

Conclusions and recommendations

The experts by experience and support agencies were able meet the requirements of the themed inspection programme very quickly and the experts were trained to carry out the interviews.

Inspectors told us that the feedback from the experts by experience generally helped them to have confidence in the judgements they made about a service and, in some cases, added to their knowledge about some aspects of care. Experts by experience told us that they found the introductory letter and the supporting questions and prompts very useful when speaking to people. They used their experience of using a service to put people at ease. People they spoke to were mostly welcoming and said they appreciated that someone was taking time to find out about their experience of care. In general, experts by experience felt that they could support the inspector in their information gathering role.

However, the lead time before the experts by experience could make calls was too long. This was because of the need to protect confidential personal information and to send letters to the people being contacted to inform them about the calls and their right to refuse to take part. There was a particular challenge as the numbers used were withheld numbers and recent campaigns have advised older people not to answer such numbers. We hoped that the initial letter might help to alleviate this.

Sometimes people didn’t want to speak to the experts, or they were unwell or confused. Although agencies were asked about possible communication difficulties, there were people who were unable to understand or who didn’t have English as a first language. There were challenges in transferring personal details to the agencies and the experts by experience in a short timescale.

Some inspectors did not think that the experts’ reports added value. They thought the report format could be improved and it took too long to receive them. Others felt that they would have saved time making the calls themselves. The experts by experience told us that the contact between themselves and the inspector was variable. Where there was a lot of contact, they felt they contributed positively to the inspection process. They also commented that they would like more feedback about how their contribution had been used in the individual reports. Some experts by experience commented that the details they received could have been improved and some background information about the agency would have helped with their questions.

Experts by experience are a valuable resource for CQC and we need to think about where they add the most value to our inspections. Rather than a blanket use of experts, we need to target their input more specifically and make sure that they have the training they need to be full members of the team. Using experts by experience for every inspection at the same time – as well as for two other thematic inspection programmes operating almost at the same time – was demanding for both the experts and the support agencies.

Home visits

Each themed inspection had a number of home visits carried out as part of the inspection. These were arranged during the site inspection at the office. Most took place when a care worker was available to introduce the inspector. The aim of the home visits was to meet with people in the most vulnerable circumstances, including those people with specific communication difficulties or dementia. Sometimes the visits also included time with a relative/carer who could also talk to the inspector.

Conclusions and recommendations
When home visits were successful, inspectors felt they were able to listen to the experience of the person and have feedback from their relative. Most inspectors felt these visits were an important part of the information gathering process. They said that visits were especially important where people were in vulnerable circumstances and where they also had a relative there to contribute.

Because of the time taken during a visit, plus travel time, inspectors could only carry out a limited number of home visits. In the themed inspections this was an average of four per inspection, which might be only a small percentage of the people using the service. Home visits added to the length of inspection time for each inspection. Some people were reluctant to allow the inspector into their home. Inspectors felt that sometimes their visits were intrusive or held up the care worker and that similar information could have been collected over the telephone. There is still the difficulty of reaching those in the most vulnerable circumstances, especially where there is no carer and they may not want to speak up when a care worker is there.

For the future, we will look at what are the most effective methods for gathering the views of people in a particular service and when a home visit would be one of those methods.

Where practical, we will work with our experts by experience and other support groups to see how we can facilitate face-to-face meetings with people using home care services .This may be in people’s homes or in places they go to during the day, for example day centres, other support and activity groups.

Short Observational Framework for Inspection 2 (SOFI2)

SOFI is a way of observing and recording interactions between care workers and the people they care for. It was developed together with Bradford University and has been tried and tested in care homes and most recently in by Bradford University in

home care settings. SOFI is for use in situations where people are not able to verbalise their experience, so for example people with dementia. Inspectors are trained to carry out SOFI and are encouraged to use it in care settings where appropriate.

In this themed inspection programme, inspectors who were trained and had practised carrying out SOFI were given an option to use it in situations where people couldn't respond verbally, after explaining the framework to relatives.

Conclusions and recommendations
Generally, inspectors didn't try to use the framework because they thought it was unsuitable for home care settings. Some inspectors intended to use the framework but the situation they found at the time of the visit meant they were unable to.

We will carry out further development work to train inspectors to use the framework in community settings when it would be the best method to gather the experience of the people using the service. We will continue to consider other appropriate ways to gather the experience of this group of people.

5. Overall conclusion

Carrying out the planned methodology for these inspections was challenging – both for us as an organisation and the individual inspectors. The national report gives details about the findings from the individual inspections.

We used this themed inspection to extend the use of methods used in the pilot and to test new ways of gathering views from people who use services and their representatives, as well as to find out about the experience of people by focusing on the themes. Including a number of different methods extended the time needed to carry out each inspection.

The challenge is to establish whether these extra tools really helped to get to the experience of people using that service. We can make some interim conclusions about this; the results of the full evaluation will confirm these conclusions.

Challenges

There were a number of exceptional factors affecting the programme. For example, it was developed alongside other themed inspection programmes and during a period of organisational change. The establishment of a themed inspection team part way through the process, as well as the move from seven to four regions and the change to unannounced inspections, all impacted on the success of the methodology.

We used the format of previous successful themed inspections by using experts by experience and practising professionals in each inspection. However, the scale of this programme and an already limited resource was further stretched.

Using the central team to plan the sample using our existing intelligence led to a significant number of changes during the programme. Regional staff updated the sample with their local knowledge, and there were occasions when services selected using the sample were found to be outside the parameters of the themed inspection. This slowed down the inspection programme as new services were allocated and inspections changed.

The lack of contact details and the slow development of a new process with the councils significantly delayed the questionnaires. Home visits and phone calls were successful in gaining the views of people and carers, but they are time consuming and can only reach a limited number of people using the service.

What worked effectively

Our initial feedback from experts by experience told us that when they spoke to people about their care, both people using the service and their carers commented that they felt pleased that someone was listening to their views. Even when they were satisfied with the care they received, it was important that CQC was taking the time to check.

Recommendations for the future

We will continue to build on the outcomes from this themed inspection to develop a more flexible methodology that can allow the inspector to use the most suitable methods and tools to reach the people who use the service most effectively. We plan to extend the use of these methods and tools in other community-based services and to pilot changes to our methods, for example changing the period of notice for some services to 48 hours. This means that we will be able to gather views and experiences of people using the service as part of the inspection straight away.

For some areas, specifically using SOFI, home visits and questionnaires, we will confirm the findings from this interim feedback with the evaluation results. Our early findings suggest that both home visits and questionnaires have value in gathering effectively the experiences of people using the service. However, we will further investigate where they should be used only in very specific circumstances to be of most value.

We will continue to develop our information sharing with other organisations and professionals who commission care, support people and carers and act as advocates for those people who are in the most vulnerable circumstances. Third sector organisations, support groups and LINks (soon to be local Healthwatch) are important sources of feedback. We will continue to develop our relationships with them so that we can hear from more people, more effectively.

Appendix: Members of the Advisory Group

CQC membership

Rachael Dodgson
Ann Farenden
Bill Hodson
Philip King (Chair)
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External membership

Colin Angel	United Kingdom Homecare Association
Helen Charlesworth-May	London Borough of Lambeth
Victoria Fredericks	Mencap
Lilias Gillies	Expert by Experience
Sheila Grant	Carer
Bonnie Green	Richmond LINk
Richard Hartle	Expert by Experience
David Hogarth	Westminster LINk
Richard Jones	The Association of Directors of Adult Social Services
Des Kelly	National Care Forum
Joanna Lenham	Social Care Institute for Excellence
Stephen Lowe	Age UK
Joanna Owen	Equality and Human Rights Commission
David Richardson	Age UK
Doris Robson	Ealing LINk
Dame Philippa Russell, DBE	Standing Commission on Carers
Tracy Simpson	Community Options
Simon Taylor	Shared Lives Plus
Georgina Turner	Skills for Care
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