

# The Royal British Legion Consultation Response

February 2007

## Inspection for Better Lives: A Quality Future

The Royal British Legion welcomes the opportunity to respond to your consultation "Inspecting for Better Lives: A Quality Future". The Legion provides long-term care to 415 older people from the ex-service community across the UK in our seven registered care homes, each with nursing care.

The Legion provides financial, social and emotional support to millions who have served and are currently serving in the Armed Forces, including their dependants. Around 10.5 million people are eligible for welfare support from the Legion, and we receive around 300,000 calls for help every year.

### **Q1 Is a "star rating" the right description for the new social care Quality Rating?**

No. We feel that the "star rating" system is too similar to the hotel rating system. It is possible that potential users will have high expectations on care homes that have a "3 or 4 star" rating i.e. they may expect a similar level of service as a "3 or 4 star" hotel.

We note that it is the responsibility of the potential service user to read the guidance provided by the CSCI relating to star systems, however, in practice this unlikely to occur. The similarities may lead to confusion and unreasonable expectations.

The star system is also already in use by the CSCI for the purposes of rating local authorities. Running two systems simultaneously is likely lead to further confusion.

### **Q2 Can you suggest an alternative title for the quality rating rather than "stars"?**

Yes. The Legion would like something that links the system with care services. However, the only suggestions we are able to offer are either a grading based on A, B, C or D ratings or using the descriptive labels e.g. Excellent Care, Good Care, Adequate Care and Poor Care.

The latter suggestion is obviously based on the terms used in the consultation document, however, because this is a public facing rating, giving a home a rating of Poor Care would probably cause considerable concern to both the service users and their family (particularly if the person has been placed there by a local authority). If this approach were to be adopted then "Adequate

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Care” should be the equivalent to the “1 star”, as proposed. For example: Exemplary Care, Excellent Care, Good Care and Adequate Care.

**Q3 Do you think that the rules described above give the right opportunity for services to be judged as “4 star”?**

Yes. Although the reasons for only having one essential requirement, “Personal dignity and respect” in the “4 star” category, when the “3 star” and “2 star” ratings both have three essential elements, needs further explanation.

**Q4 Are the rules for the other services (1-3 star) fair?**

On the whole yes. However, there are considerable concerns regarding the “1 star” service. It appears that homes that are breaching regulations and the National Minimum Standard (NMS) would be able to continue operating and be awarded “1 star”. Complying with the statute should be a minimum requirement to receiving a rating of any kind.

**Q5 Do you think that it is correct for outcomes related to “Personal dignity and Respect”, “Leadership & management” and “improved health and emotional well-being” to be highlight as particularly important in deciding the overall “quality rating”?**

Yes.

**Q6 Do you think that where legal action (enforcement) is being taken against a care service the quality rating is temporarily suspended pending the outcome, and that people are told that action is being taken?**

Yes. However, how the rating is reinstated needs to be clarified. The difficulty here is the long periods between Key Inspections. Would there be a further Key Inspection after legal action has been completed, will the previous rating be re-instated without change, or will the suspension continue until the next Key Inspection (which could be up to three years)?

**Q7 Are there any other comments you would like to make about the descriptions of the different levels of quality?**

We have considerable concerns that the different levels of quality are based on the Key Lines of Regulatory Assessment (KLORA), which contain inconsistencies, omissions and lack standardised comparisons between one level and another.

Concerns have also been raised regarding the consistency of assessments by inspectors, including the skills, background and experience of those making the assessments. The consultation document points out that consistency issues should be dealt with by the introduction of the KLORA, however, as pointed out above there is limited confidence in these standards.

**Q8 Do you think we have included the right information in the Annual Service Review? Does it give members of the public the right information about the service that has not recently had a key inspection?**

We believe that the maximum time frame between Key Inspections is too long – this was detailed in our consultation response to your consultation “Proposed Changes to the Regulatory Framework for Adult and Social Care Services”.

However, the plan to go ahead with this timeframe means that the Annual Review will be an essential element in bridging this gap.

The potential difficulty is with the published report of the Annual Review. There is a possibility of a discrepancy between the results of the Review and the quality rating published within it. For example, if there has been a change of manager in a “4 star” service the review may report significant problems or complaints, but the Annual Review will report that it is a “4 star” service. Equally, a “2 star” service that is making strides to lift the quality of their service may get a glowing Annual Review, but will continue to report a low rating. This is to say that there seems to be little problem with the Annual Review itself, or what it includes, but the timeframe between Key Inspections is too long.

**Q9 Is there anything else you think we should say about a service in the Annual Service Review?**

We would like to know whether or not potential service users would be provided with a copy of the Annual Review when requesting information about services, or only the Inspection Report and the quality rating?

**Additional comments:**

CSCI should consider self-certification. This should be considered where providers are using recognised standards (BSI or ISO) and verification of compliance with these standards is independent (e.g. UK Accreditation Service). Such a system would assist the CSCI with fulfilling risk based inspection and allow service users to have up-to-date information which they can have confidence in.

The consultation document does not make it clear how a provider may challenge a quality award, or even if they have the right to do so. Providers should also have access to the evidence used by the inspector to make the quality award and have the right to provide evidence to the contrary. Additionally, the document states that providers will be able to review the accuracy of the Annual Review but it doesn't clearly state the procedure if there is a disagreement between the provider and the CSCI.

We would like the Key Inspection report or the Annual Review to include a space for provider comments (with word limit).

The proposal is for ratings to be awarded only after Key Inspections and will remain in place for up to three years. This is problematic for two reasons. One, the person looking for a safe and good quality care home will more than likely be presented with out of date information and a rating that does not reflect the current level of service. Two, care homes that are continually improving their service will have considerable delays before this is reflected in their rating.

The CSCI states that quality ratings will improve choice. However, due to the current funding problems in the care sector, there is no choice for local authority funded residents. Alternatively, self-funders may have to “make do” with a “1 star” service because it is all they can afford.

Lastly, we have considerable concerns regarding the impact of the quality rating system on fees. It is possible that local authority purchasers will set fee levels according to the quality rating of a service provider, and that the Annual Review will provide very little opportunity to change the set price. This could have considerable implications for service providers wishing to re-invest in the service that they provide. How are the CSCI working with purchasers to ensure that this does not happen?