

# Bridging the quality gap: How care homes in Greater Manchester stand with respect to the rest of England?



Adequate nursing home and residential care home services are important for meeting the increasing care needs of an ageing population. The COVID-19 pandemic has shown us how vulnerable this sector could be, in particular for some areas of the country.

In England, the Care Quality Commission monitors, inspects and rates the quality of care homes. Quality improvement has been a long-lasting concern, in particular for some English local authorities that experience chronic problems with the quality of some care home providers. In this note, Dr Marcello Morciano, Dr Jonathan Stokes, Prof Matt Sutton, Dr Andrea Short and Sharvari Patwardhan discuss, from the [NIHR ARC-GM](#) and [ML-CHIP](#) projects, the trends in quality improvement for care homes in Greater Manchester (GM) and how some local collaborative initiatives, particularly tailored to boosting quality improvements, might have been successful in narrowing the quality gap with the rest of England.

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## Why it is important to monitor the performance of the care home sector?

While relatives and friends provide the first and more relevant form of informal support, many disabled people with complex health and care needs receive formal care. Formal care can be provided at home or in a care home. Care homes support some of the most vulnerable older populations, often with multiple comorbidities, functional dependence and frailty that require round-the-clock care.



The English care home sector offers about

**462,000** beds,

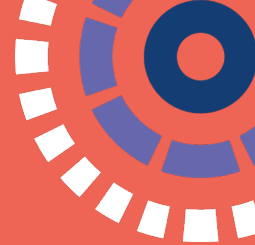
more than

**3.2x** the total number of NHS hospital beds.

However, unlike the NHS healthcare sector, which is almost exclusively funded by the tax system and delivered by government-run hospitals and other providers, the care home sector is largely composed of private providers that deliver services to a combination of privately- and publicly-funded residents. 'For-profit' private providers may focus on profit maximisation and, as providing a high-quality service comes with significant costs, there is a risk that quality may be compromised. Hence, monitoring the quality of their services is extremely important, especially when competing on price. There is evidence to suggest that residents in care homes with relatively higher quality ratings had a better quality of life. Moreover, care homes with relatively lower quality ratings are more likely to experience closure.

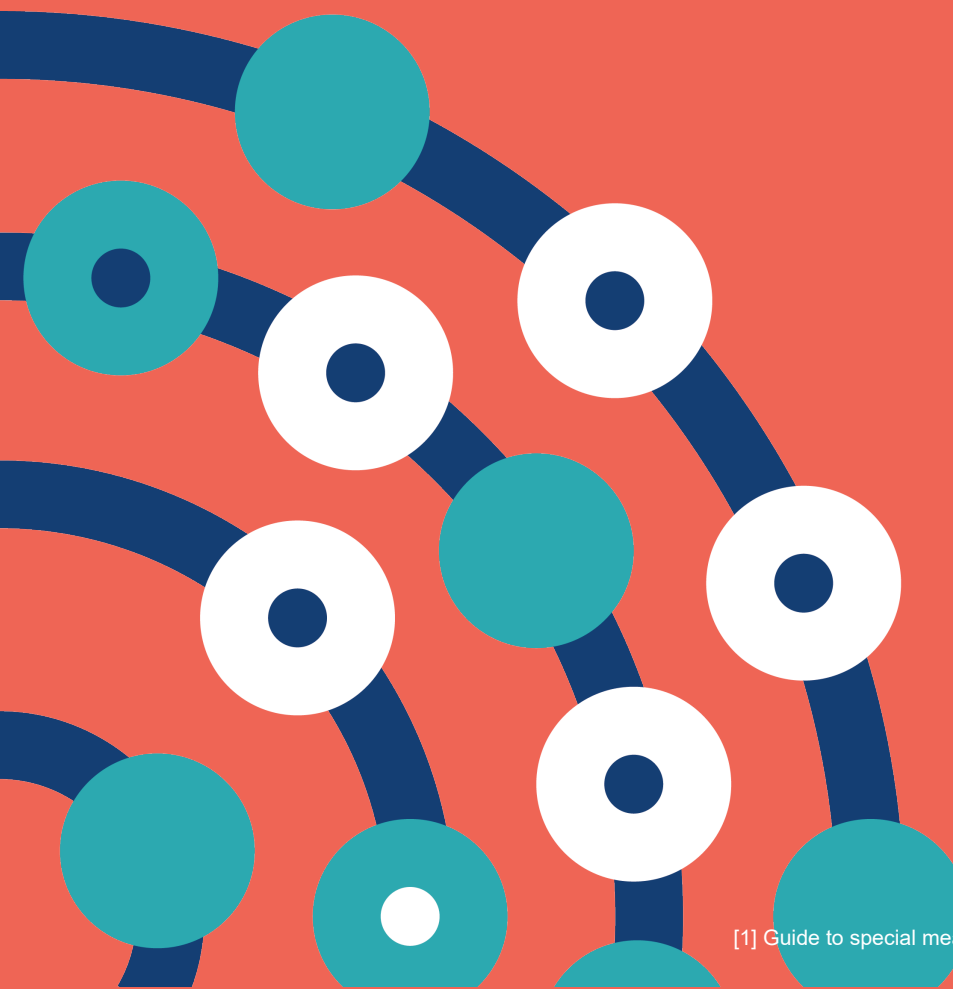
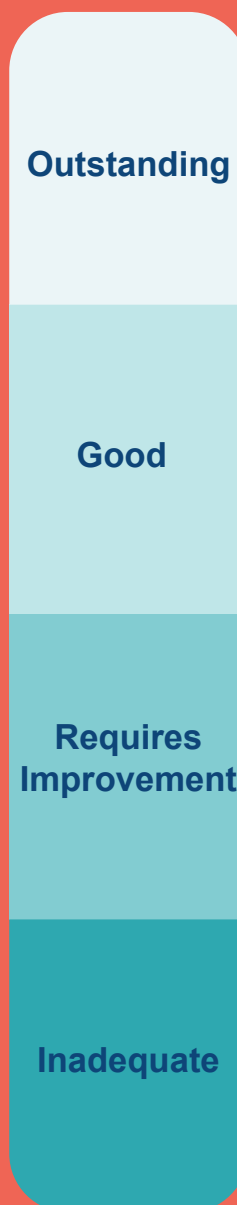
There are widespread concerns regarding the current quality of care, especially in some areas of the country.

# Who inspects care home quality nationally?



National policy in England aims to ensure quality of care in care homes by publicly and transparently providing information on the quality of homes. In England, the Care Quality Commission (CQC) has been registering, monitoring, inspecting and rating the quality of care homes since 2009. For each inspected provider, the CQC rates the quality of each service on a scale from “**Inadequate**”, “**Requires Improvement**”, “**Good**” to “**Outstanding**”. In the case of receiving an inadequate rating, the service is given six months to improve and if sufficient improvement is not demonstrated it is placed in ‘special measures’. If it further fails to improve, the CQC will move to cancel the services’ registration <sup>[1]</sup>.

The quality ratings are publicly available and provided overall, as well as for five quality domains, which assess some aspects of the establishment, staff and the provider – safe, effective, caring, responsive and well-led. Quality ratings help potential customers compare care homes and thus inform choice.



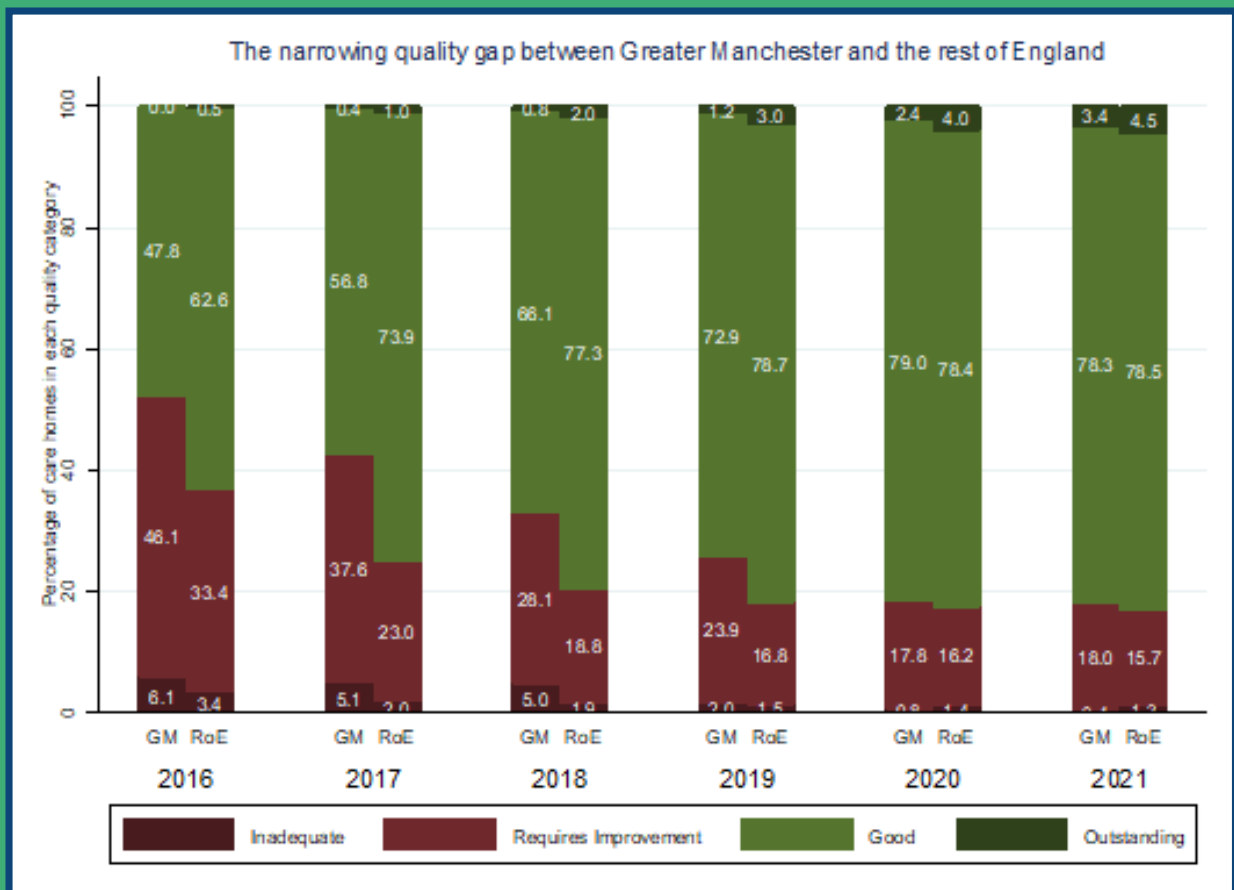
[1] Guide to special measures. Independent healthcare. 2015, Care Quality Commission

# Narrowing disparity between Greater Manchester (GM) and the rest of England

Using CQC data, we have analysed trends on quality services over time for the 500+ different providers that are active in GM. We also made a comparison with the quality observed among providers operating in the rest of England.

There was a considerable quality gap in care homes in GM and England in 2016. However, this gap has been steadily narrowing. In 2016, more than half (52%) of the care homes operating in GM had an overall rating below the inspector standards as compared to a little more than a third (42%) in the rest of England. With an overall improvement of quality in all English care homes, the “GM gap” narrowed significantly: in 2021, about 18.4% of GM care homes did not meet the inspector’s standards against the 17% observed in the rest of the country.

Improvements in quality were found in almost all of the five domain ratings. Notable were the improvements for the “effective” and “safe” domains. At least half of the care homes in GM in 2016 were rated below the inspector standard for the effective (48%) and safe (54%) domains as compared with 33% and 40% respectively for England. However, by 2021, only around 10% of care homes in GM did not meet inspector standards for the effective domain, a percentage very close to what is observed for the rest of England (11%). Similarly, for the safe domain, around 20% of care homes in GM did not meet inspector standards (19% in the rest of England).



Note: The figure displays the overall quality rating in GM and the rest of England (RoE) from 2016 to 2021



# Local Authorities in GM

The 10 local authorities in GM themselves experienced variation in care home quality while the general “GM gap” was bridging.



2016

Or for the

more than half of the care homes operating in five GM local authorities **did not** meet inspector’s standards overall.

50%

55%

43%

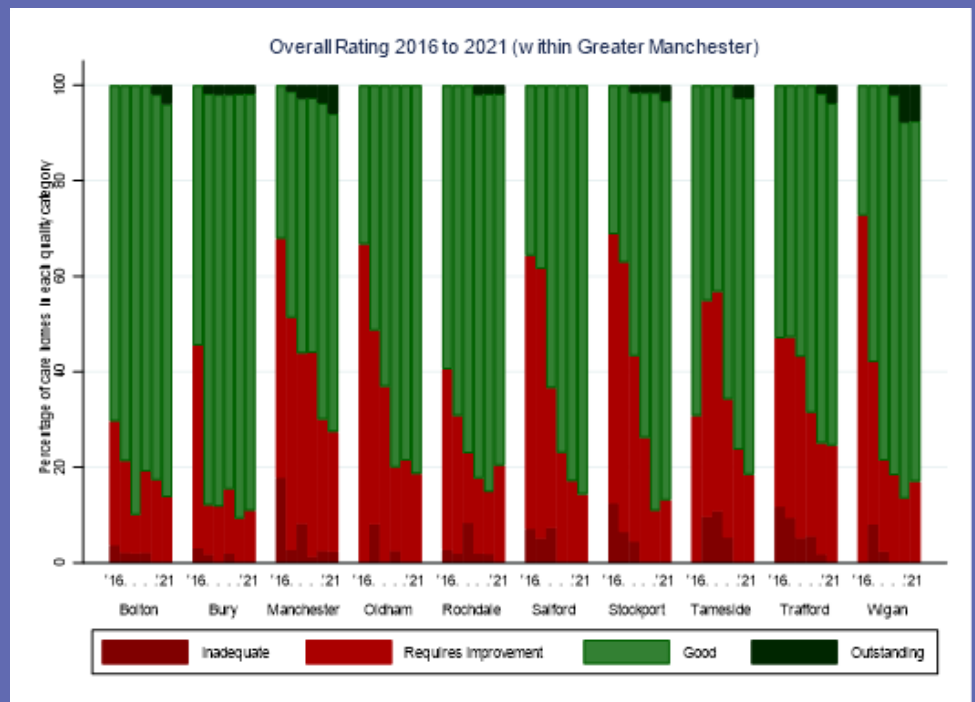
effective

safe

well-led domains.

Notable exceptions were for providers operating in Bolton, Bury, Rochdale, Tameside and Trafford local authorities with lower percentages of care homes not meeting regulator’s standards in 2016. By 2021, there were only 10% (effective), 20% (safe) and 21% (well-led) of care homes not meeting inspector standards in GM.

As an example, around seven out of ten care homes in Wigan had a rating that was below the inspector’s standards in 2016. A high prevalence of homes with a quality rating below the inspector’s standards were operating in Stockport, Manchester, Oldham and Salford local authorities, with more than 6 out of 10 of them rated as “inadequate” or “require improvements”. In those local authorities, by 2021, however, the percentage of care homes not meeting inspector standards had significantly reduced to between 11-27%. (For the remaining local authorities, less than 20% of the care homes did not meet inspector standards in 2021.) This improvement in quality was especially noticeable for the effective, safe and well-led domains.



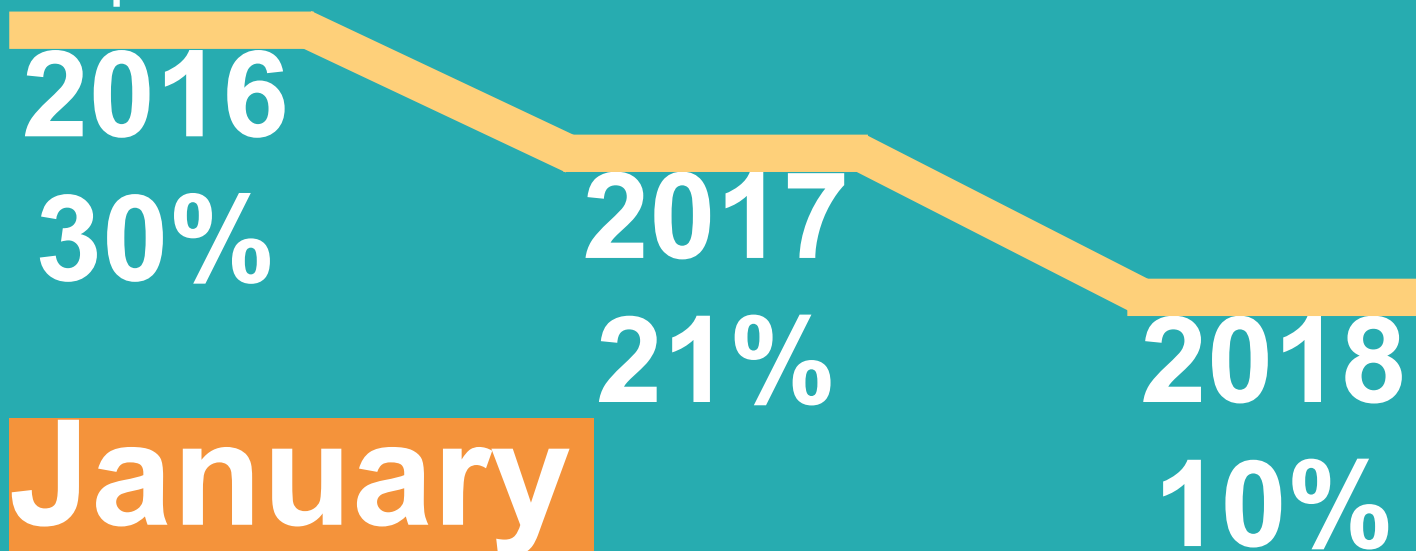


# Potential drivers of improvement

The quality improvement in care homes in GM was the result of various policies implemented by the local authorities within GM. While many local authorities created specialist teams to work towards improving care home quality, others provided economic disincentives if quality was not meeting the inspector's standards and some others focused on quality assessment and monitoring. Most policies, though, were a combination of these approaches. The Clinical Commissioning Groups (CCGs) in GM enacted policies based on the care homes context in which different actors and processes interacted for quality improvement.

The Locality Plan issued by Bolton in 2016, for instance, proposed a system reform for care homes based on integrating health and social care teams. Integrated Neighbourhood Teams were established to provide specialist in-reach support to care homes. Each team would cover a specific number of people and deliver care by working in partnership with local people. A collaborative care home contract was introduced, covering quality standards and reporting requirements under a single contract that was jointly monitored by the CCG and council teams, and serious incident reporting was centrally managed by NHS England using the Strategic Executive Information System.

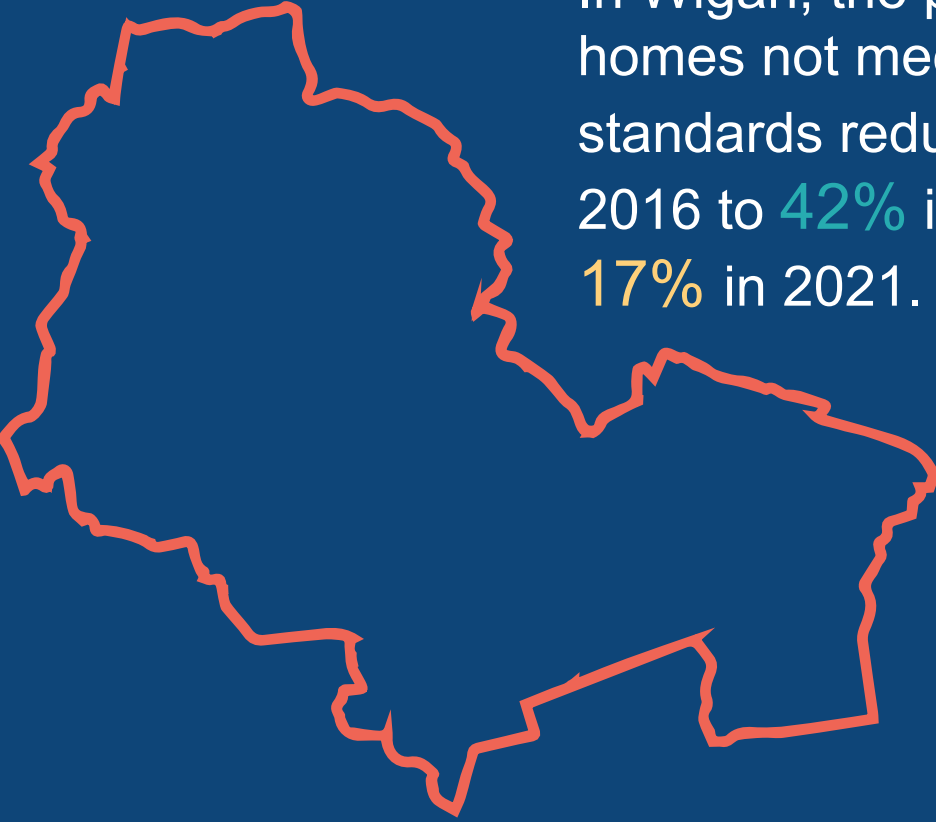
The percentage of care homes not meeting inspector standards declined from



by launching the Quality and Safety Strategy 2018-2020. This was one of the first initiatives in GM to explicitly take CQC ratings as an indicator of quality. A strategic oversight group and Quality Improvement Network was also established involving a range of health and social care professionals to work with care homes to support quality improvement.

Salford is a special case because of the Salford Care Homes Practice which provides a 7-day service to care homes residents in Salford, via a virtual surgery. Although established in 2009, by 2018, 80% of care homes residents in Salford were registered with the practice. It provided a unique setting where social care was integrated with health care services.

Wigan Borough CCG implemented a policy combination of establishing a specialist team and focusing on monitoring and compliance. In 2017, a Care Home Support Group was established which specifically identified the 'specialist' needs across care homes in Wigan. As a result, a risk matrix was developed to enable the early identification of care homes/providers which may require clinical intervention and support. Moreover, a local survey was conducted to understand the support required by care homes. Any care homes/providers identified to require a heightened level of care were then placed on the Wigan Council Residential and Nursing Improvement Programme wherein technicians would monitor clinical compliance and quality improvement.



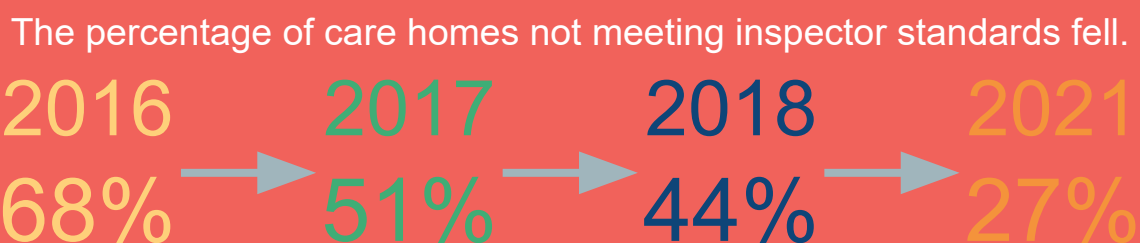
In Wigan, the percentage of care homes not meeting inspector standards reduced from **73%** in 2016 to **42%** in 2017 and only **17%** in 2021.

Rochdale similarly emphasised quality monitoring and improvement. A Care Home Dashboard was set up in 2017 to help improve the monitoring of patient quality and safety standards across care homes. Rochdale CCG also set up the role of a Quality Improvement Nurse as a part of the Quality Improvement Initiative 2017-2020, to support the CCG in managing quality performance improvement in Care Homes and Primary Care,

to assess the status of the care provided and undertake constructive action for improving care. A Quality Improvement Nurse would work towards identifying and implementing quality monitoring, assurance and improvement. The percentage of care homes not meeting inspector standards reduced from 31% in 2017 to 23% in 2018 and 20% in 2021.



On the other hand, Manchester CCG implemented some economic disincentives. Since 2017, Manchester Local Authority (LA) made the decision to suspend commissioning of care from care providers that did not meet the CQC's minimum standards for care homes.



Trafford Council laid special emphasis on quality improvement by setting up the Quality Improvement Programme after 5 provider exits in 2018 due to poor quality of care impacting on the registration of the service, poor quality identified by the Council's quality assurance team which led to enforced suspensions on new placements, and the unexpected death of a home owner/manager. As a part of this programme, when a home would perform poorly, the Council developed an improvement plan and worked with the provider to improve the quality of the service. Whilst this was happening, the Council could suspend any new placements to the home until quality improves and was maintained, to give the provider the opportunity to focus on quality. As a result, the percentage of care homes not meeting inspector standards declined from 43% in 2018 to 31% in 2019 and 25% in 2021.

Tameside followed in 2018 with a focus on service quality improvement by establishing a Quality Improvement Team to provide direct support to independent providers across the health and social care sector. The team's primary focus was to be placed on current homes rated 'Inadequate' and 'Requires Improvement', with the drive to raise standards and to improve ratings to 'Good' and 'Outstanding'. Although the percentage of care homes not meeting inspector standards increased from 2016 (31%) to 2018 (57%), there was considerable improvement 2019 (34%) onwards until 2021 (18%).

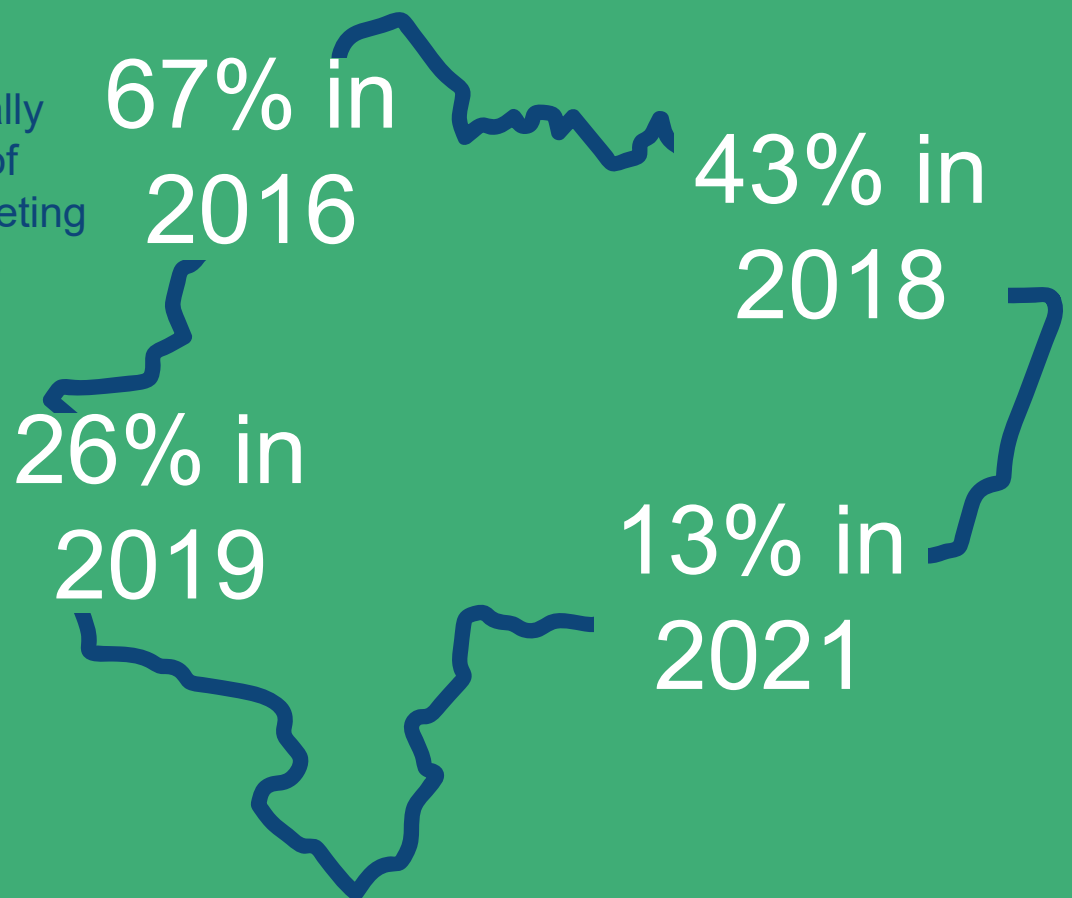




Oldham similarly made a commitment to ensuring safe, effective care with a personalised focus for all those accessing care providers in the Quality Strategy 2019-2021. The LA worked in partnership with the CQC to prioritise quality assurance and improvement work within care homes. This helped reduce the percentage of care homes not meeting inspector standards in 2019 (20% as compared with 67% in 2016) which further declined to 19% in 2021.

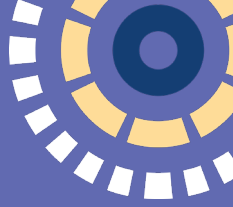
Stockport employed a combination of underscoring quality improvement and monitoring. In 2019, the Enhanced Quality Improvement Team (EQUIP) was set up to work closely with the care home and home care sector to improve the quality of care across Stockport. The team played a crucial role in supporting independent social care provider agencies across the borough. Stockport also focused on quality assurance and monitoring by developing a Care Home Quality Dashboard.

As a result, quality improved dramatically as the percentage of care homes not meeting inspector standards declined from



The Bury Joint Health and Well-being Strategy 2015-2018 emphasised working towards reducing permanent admissions to care homes. Bury CCG's Strategic Business Plan emphasised quality monitoring and improvement. This paved the way for low risk interventions to help improve quality of care. As a result, care homes not meeting inspector standards declined significantly from 45% in 2016 to 12% in 2017. Thereafter, in 2017, Bury established a Locality Care Organisation which brought together the main providers of health and social care under one organisation. This group was responsible for providing person-centred, integrated care and support to local people with a focus on improvement of outcomes. Care homes not meeting inspector standards declined to only 11% in 2021.

Various policies underscoring the importance of providing a good standard of care in care homes could be the driving force behind the quality improvements in GM from 2016 to 2021.



# Future Research

In 2016, the overall care home quality in GM was of a lower standard than England but it has considerably improved. There is less of a gap in quality in 2021 but further efforts are required to improve quality, especially in certain Local Authorities in GM. In order to direct policy towards enhancing quality of care home service provision, the next step would be to examine which factors influence care home quality.

A possible underlying reason for the improvement in the quality of care home services from 2016 to 2021 could be the commitment to devolution of powers and funds to the local governments, as emphasised in the Spending Review 2015. CCGs and other policymakers at the local authority level were more focused on taking control of monitoring and improving the system as a whole. The NHS Long Term Plan also emphasised on rolling-out initiatives to better integrate health and social care. Thus, the care policy environment was conducive to supporting quality improvements in the care homes sector.

There could be a few potential drivers of the massive improvement in care home quality from 2016 to 2021. Lower quality ratings themselves trigger certain procedures from the CQC which could help incentivise providers to improve their services. Receiving better ratings could further positively influence user choice.

The drivers of quality improvement in the study period are not definitively known, though. Further research accounting for differences in care homes ownership structures, supply and demand factors, as well as geographical variation is required to unpick the potential drivers of care home quality.

