

# Wish upon a star

The social care regulator's final report is essential reading, says **Les Bright**



**T**he regulator of social care services has a duty to prepare an annual report for presentation to Parliament. This is an opportunity to present information on service performance, to highlight emerging trends or significant changes and to influence future policy and legislation. The Commission for Social Care Inspection (CSCI) has published its fourth and final report on the state of social care in England, containing data and opinion on the performance of local authorities as assessors of need and purchasers of services, and on all provider organisations (CSCI 2009).

Last year's report highlighted the growing number of older people who could be 'lost to the system' because of the way in which local authorities were restricting access through ever tighter eligibility criteria. In considering the report I followed that theme because of the impact it was making on many older people seeking assistance to enable them to continue managing their lives (Bright 2008). It would be easy to become absorbed in a discussion of the care sector's readiness for full implementation of the 'personalisation' agenda that features prominently in the new report. However, I believe that would be at the expense of pursuing equally compelling concerns about standards that are the real story as the curtain comes down on the CSCI.

## Improvement stalled

National minimum standards (NMS) covering all aspects of the planning, delivery and administration of care in homes have been in place since 2002; standards relating to the work of home care agencies were introduced in 2004.

Performance against the standards has risen over the lifetime of the outgoing commission, though progress slowed down two years ago and that trend has continued to the present time. The proportion of homes failing to meet the NMS for care planning and medication, for

example, remains stubbornly high. This could be because those homes capable of improving have done so, and those with little prospect of getting any better – though not so bad as to be deemed unfit to carry on – remain impervious to demands from inspectors or purchasers to do things better. If that is the case then the arrival of the Care Quality Commission with a wider range of possible sanctions, including powers to fine providers or suspend new admissions, thus reducing the level of income received, is a change that will be welcomed by older people and their families as well as managers and staff of good homes and services whose reputations are damaged by the disproportionate level of publicity given to poorer performers.

Homes are now 'star rated' on the basis of their performance. It is claimed that this makes it easier for potential residents and their families to understand the level of service they should expect:

- 3 stars excellent service.
- 2 stars good service.
- 1 star adequate service.
- No stars poor service.

It also makes it easier to see how far we still have to go, with 28 per cent of homes judged to be 'adequate' and 4 per cent 'poor'. In the case of home care agencies the scores were 20 per cent and 2 per cent respectively.

The report reveals that 22 per cent of

the permanent admissions made by local authorities in the six months to September 2007 were to homes judged to be 'poor' or 'adequate'. The picture was similarly bleak in relation to home care agencies: more than one third of the people funded by 21 councils were receiving a service from 'poor' or 'adequate' home care agencies. If, as intended, star ratings improve the availability and accessibility of information it is clear that local authorities should be paying them more attention to eliminate or reduce the use of public money to purchase services judged to be only 'adequate' or 'poor'.

## Daunting task ahead

Tables showing improvements in each of the 38 standards over the five years 2003–08 illustrate the scope of the task awaiting the new regulator. The level of compliance with the requirements around care plans has doubled in that time but it still only reaches 62 per cent in homes – including those providing nursing care (Box 1). The rate of improvement has not been so dramatic in relation to medication management and remains worryingly low with just 67 per cent of nursing care homes meeting or exceeding the standard. Home care agencies fare slightly better at 72 per cent.

Shortfalls in performance that lead to a service being marked down may be seen by some as minor matters that do not endanger residents or users – but that should not limit the new regulator's determination to continue driving up standards ■

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## References

Bright L (2008) Mind the gap. *Nursing Older People*. 20, 2, 13.

Commission for Social Care Inspection (2009) *The State of Social Care in England 2007–08*. CSCI, London.

### Box 1. Percentage of homes failing to meet selected national minimum standards

Care plan	38%
Record keeping	34%
Medication	33%
Staff supervision	31%
Safe working practices	30%

(Commission for Social Care Inspection 2009)