

Annual Quality Review

2023/24

The Commissioning and Contracts Team have completed a systematic review of quality across care homes in the Bradford District. The team analysed all available data sources from those in the public domain, internal Council systems, as well as seeking data and feedback from all relevant stakeholders and care homes directly. The report below presents all the data collected with analysis completed by the Commissioning and Contracts Team, as well as those who submitted the data. The key findings will be presented to the Enhanced Health in Care Homes working group to feed into the on-going support to care homes in the Bradford District.

Key Findings

Data from 1st November 2023 to 31st October 2024

1. System Data

In the reporting period the Bradford District had one new care home open, two previously closed care homes re-open and two care homes re-registered with CQC, effectively becoming new services with a change of legal entity. In total 192 care home beds were added to the district through the opening or re-opening of care homes. 120 of these beds were registered for both residential and nursing care, and 72 were registered for residential placements only.

In the same period four care homes completely closed, with the reduction of 52 nursing beds and 81 residential beds. This impacted 89 residents who had to move from these four care homes. One other care home closed, though with plans to re-open at a later date. A further 18 residents were impacted by this closure and in total 107 residents had to find alternative care home placements. All closed services cited business and financial issues resulting in decisions to close. One service was also subject to regulatory action from CQC when it ceased operating. Four services were either rated inadequate or had inadequate ratings / domains in their recent CQC ratings, though one service was rated as outstanding when it closed.

In the reporting period there were 530 new placements to care homes, this was reduced from 778 in the previous year. A reduction of 32% (248 placements). It was noted that Discharge to Assess placements were formalised in the reporting window and consideration was given to whether this was impacting the lower placement numbers, but the data did not indicate this. Placements were analysed across the year and remained relatively static each month, with October being the lowest number of new placements and January being the highest.

There were 55 requests from care homes outside of the Bradford district to be set up on the Bradford Council contract for placements. These requests included 16 care homes being added to existing legal entities already registered on the Residential and Nursing Provider List contract. There was an increase in out of area care homes registering in this period, up from 45 in the previous report.

Care homes record their occupancy and vacancy data on the Capacity Tracker which is analysed by the Contract and Quality Team. The data is impacted by services opening and closing across the year.

Some dormant services are not removed for several months, and new services have experienced low occupancy for extended periods. The data is difficult to draw conclusive trends but clearly shows a net increase in available beds across the year. Occupancy levels, despite opening and closing care homes have remained relatively static at an average of 84%, fluctuating between 82 – 84% across the year. This remains relatively similar to the previous 12 months where occupancy levels were at 83%. At the end of the reporting period for both long term and short-term beds there were 1,125 available care home beds in the Bradford District.

Bradford Council's Adult Social Care Market Position Statement 2023-2025 reflects the static nature of occupancy levels in recent years. The care home market in Bradford continues to have an oversupply of care home beds, information shared with any new business considering opening services in the district. The number of care homes changed during the reporting period but at the close there were 76 different legal entities operating around 100 care homes that were holding a contract with Bradford Council and the ICB.

Skills for Care workforce data for Bradford in 2023/24 states that both the staff vacancy and turnover rates in both residential care homes and nursing homes within the district has reduced. The vacancy rate in residential homes in Bradford dropped from 9.5% in 2022/23 to 8% in 2023/24 and the vacancy rate in nursing homes dropped from 5.7% to 5.1%.

Trends in vacancy data for Bradford match the data in the State of Care report for 2023/24, which states that nationally staff vacancies in care homes were at their lowest rate for the last 3 years at the end of 2023/24 at just 5.4%. Although the vacancy rate within Bradford residential homes is higher than this national average, it has dropped and is below the national vacancy rate across all adult social care services of 8.3%. However, Skills for Care make the point that although there have been national reductions in staff vacancy rates across care homes nationally, the adult social care sector still has a vacancy rate approximately three times higher than the national economy. The decrease in vacancy rates nationally is believed to be in large part due to international recruitment however the State of the Market report states international recruitment is now levelling off and recruitment from within the UK is increasing.

Staff turnover at care homes has also reduced in the reporting period to 22% in residential homes and 38% in nursing homes. Not all staff turnover results in workers leaving the sector, around two thirds (62%) of starters were recruited from within the adult social care sector, therefore creating further need for employers to recruit to these posts, though the sector retains their skills and experience. For 2023/24, 62% of new starters in Bradford were recruited from elsewhere in adult social care services. This is a reduction from 65% last year.

Within nursing homes 51% of staff have less than 3 years of experience within their role and this rises to 53% for residential homes. The average years of experience within the sector of staff working within residential homes is 9.1 years and is 10.5 years in nursing homes.

The majority (80%) of the workforce in Bradford are female, and the average age was 42.8 years old. Workers aged under 25 made up 10% of the workforce and workers aged 55 and above represented 24%. Given this age profile approximately 3,300 posts will be reaching retirement age in the next 10 years.

Across England 73% of the workforce identified as British, while in the Yorkshire and the Humber region this was 84%. An estimated 83% of the workforce in Bradford identified as British, 15% identified as of a non-EU nationality and 2% identified as of an EU nationality.

The Unfair to Care report details social care recruitment and retention crisis is one of the greatest challenges facing the sector today. At the heart of this is the issue of low and unfair pay. The gap between social care and their NHS counterparts remains stark. The average care worker takes home

£7,617 less on average than they would do in the same role within the NHS – a 35.6% pay gap. Care roles are also often less well remunerated than supermarket roles.

In 2023/24 there were 4,900 filled posts in residential and nursing care homes in the Bradford District. Within both types of homes, 92% of employees were on permanent contracts and residential care homes had 2% of people on temporary contracts whilst nursing homes had none. In both residential and nursing homes, 8% of workers were employed on zero-hours contracts.

The average number of sickness days taken in the last year in Bradford Adult Social Care was 6.7, (6.1 in Yorkshire and the Humber and 5.3 across England). With an estimated directly employed workforce of 12,000, this means employers in Bradford lost approximately 81,000 days to sickness in 2023/24.

The population analysis for Bradford predicts a rise in the over 65 population and an increase of around 8% in the five years from 2023. This will likely impact the social care sector, though exact forecasting is complex and the Council's strategy of "Happy, Healthy and at Home" also appears to keep demand for care home placements at lower levels.

The State of Care report also states that their measure of profitability shows that profitability in care homes for older people has increased from 22.5% in March 2022 to 26.9% in March 2024. However, it is important to bear in mind that although there has been an increase in profitability nationally this varies across the country, and this was previously at historically low levels.

Between 01.11.2023 and 31.10.2024, CQC published 10 Care Home inspection reports for homes in Bradford and District. This was significantly lower than the last reporting period, where 26 homes were inspected between 01.11.2022 and 31.10.2023. Of the 10 reports published, only 1 Care Home was inspected in all domains. All of the reports referred to inspections undertaken in 2023. Between the end of February and October 2024 no reports were published. During this period the CQC Single Assessment Framework was introduced and several assessments were started but with no published reports. From the 10 published reports of 2023 inspections 2 care homes improved their rating, 5 maintained their rating, 2 ratings declined and 1 was a first inspection.

Due to the limited number of CQC inspection reports published, it is hard to draw conclusions regarding changes in performance for some of the CQC domains. During this period only 2 homes were inspected on the responsive domain and 2 homes inspected on the caring domain. Conversely, all homes inspected were inspected in at least the safe and well led domains. The domain which saw the most change in ratings was safe, with 3 homes improving their rating and 2 homes decreasing their rating for this domain. 3 homes improved their rating in the well led domain. Due to the lack of full inspections completed, it is very difficult to identify any significant themes or trends. This also impacted on the Serious Concerns Procedure and the overall risk management approach in Bradford as the information received from CQC in the reporting period was significantly reduced.

There were 64% of care homes rated as good or outstanding, 32% requires improvement, 1% inadequate and 3% no rating. This is below the national average for good or outstanding (75%) and slightly better than the average for inadequate rating (1.5%). However, as ratings have remained relatively static due to reduced CQC activity this data is now considered historic and five services now have CQC ratings that are now over 7 years old.

The VCS Alliance completed a Care Homes Community Links Project aimed at strengthening the relationship between the voluntary sector and care homes. 69 care homes engaged with project, 58 completing the baseline survey and 12 care homes completed the exit survey. A range of activities were engaged in including, coffee mornings, crafting sessions, visits and a marathon. The project achieved positive outcomes and enabled greater connections with voluntary sector groups and shared learning, as well as an exchange of resources. The project also faced some challenges with communication and a lack of engagement from the care homes. Staff shortages and workloads

impacted the project. Staff not having their own email addresses and only a central point of communication at the care home delayed and impacted on the project delivering some sessions. Overall, the project was considered a success and for the care homes that engaged the feedback was broadly positive, established partnerships and encouraged care homes to reach out to their community partners.

2. Bradford Council Data

The Contract and Quality completed 127 care home visits during the reporting period. This was completed by eight different officers, and some were joint with the ICB Quality Team. There were 39 fewer visits than the previous year, which was reduced due to a slight reduction of services on the Serious Concern enhanced monitoring and some staff absences as well. There were 74 visits to residential homes and 53 to nursing homes. 66 of the visits were enhanced monitoring visits, 44 were contract monitoring visits, 15 were risk-based validation visits, 2 were unannounced visits and 1 was around de-registration with CQC. The team also supported a number of visits with the Safeguarding Adults Service which were both announced and unannounced.

Areas identified by the Contract and Quality Team visits to care homes where services were displaying good practice were in relation to staffing Levels, staff engagement, a home's environment, engagement with external professionals, care plans and risk assessments. The areas where officers identified issues the most related to call bell systems, MCA/DoLS documentation, lack of community involvement, health and safety issues, personal care and safeguarding concerns.

The Contract and Quality's Team Contract Concern Log (CCL) received 14 corporate complaints (9 residential / 5 nursing), 541 concerns (312 residential / 229 nursing), 723 referrals from safeguarding (374 residential / 349 nursing). It was noted that internal reporting systems have improved in recent times which has enhanced analysis but the over numbers of concerns and safeguarding concerns had significantly increased over the last year, though there was 1 less formal complaint received in relation to care homes. The ICB received no formal complaints in the reporting period. The concerns that were mostly raised to the Contract Team related to staff and staff training. Several of the complaints featured disputes about fees and specifically third-party contributions (top ups). There were 2 compliments, and one was in relation a care home's staff team and environment. The other was from a nurse about the care home's knowledge about a particular resident.

The Notification Form used to report non-safeguarding incidents that are of a serious nature was greatly underused. Only 3 referrals were made by 2 care homes. Anecdotally there were more incidents that the Contract and Quality Team were aware of that have not been reported by care homes. There were some incidents reported to the Contract Concern Log (CCL) that should have been reported to the Notification Form. There were no incidents that required an onward referral to the ICB. The Contract and Quality Team will review this system in 2025 as there is under reporting with this Notification Form.

Bradford District and Craven Health and Care Partnership has responsibility for oversight of 49 nursing homes, which are located in both the Bradford District and North Yorkshire County Council. The ICB Quality team also respond to other care sector quality concerns, for example homes which support people with learning disabilities, residential homes where people are health funded and other Place based care sector placements. The current Quality Management System includes several supporting strategies, policies and frameworks that are part of quality oversight, monitoring, and improvement work. These involve four quality stages: quality planning, quality control, quality improvement and quality assurance.

The ICB Quality Team, during the reporting period, have worked with care homes to provide guidance and support to providers, reviewing incidents and learning, supported the implementation of Discharge to Assess pathway, offered specialist support and focussed networking to improve understanding and practice for primary care partners and care homes. The ICB Quality Team have

identified specific areas for system improvement and is working with key stakeholders to consider ways to improve care homes in relation to safer environments for residents with cognitive impairments, environments that promote safety and reduce incidents that relate to sexual misconduct, improved welfare checks for residents with enhanced support needs, improved pre-assessment processes that enhance resident safety and reduce distress to residents and for other system partners.

The Safeguarding Service (SAS) received 2,471 referrals for care homes. There were 1,640 for residential homes and 829 met s.42, of which 680 were in relation to physical abuse and the largest theme. There were 829 for nursing homes and 410 met s.42, of which 366 were in relation to physical abuse and the largest theme. The next largest themes were in relation to neglect and acts of omission, as well as self-neglect, organisational and psychological abuse.

The organisational concerns for residential and nursing homes spanned over 45 different providers. There have been stage 2 Organisational Safeguarding Enquiries completed and exited for 11 providers. Two remain open where information is still being gathered to determine the outcome at stage 2. Stage 3 and 4 Organisational safeguarding enquiries have been completed for four providers and one remains open at stage 3.

Joint visits were conducted to 5 different care homes as part of the Organisational Safeguarding Enquiries alongside the ICB and Contract and Quality Team. There has been an increase in information sharing meetings with the ICB and Contracts and Quality Team where there are themes, patterns and trends identified. Meetings have regularly occurred outside of the four weekly Serious concerns meetings to discuss concerns and formulate a joint approach. Safeguarding training has been delivered to five providers by the Safeguarding Adult Service. Providers are more routinely directed now to the Bradford Safeguarding Adults Board Safeguarding Training. The Safeguarding Adult Service has also joined up with the Bradford Care Association and delivered two training sessions to providers so far which have focused on the themes of falls, pressure ulcers, medication and general neglect and acts of omission to help providers identify when a safeguarding concern needs to be submitted. It has been agreed that these sessions will continue on a quarterly basis.

The Serious Concern Procedure was reviewed in the reporting period and the new policy was refreshed within the Provider List contract in September 2024. The monthly professionals meeting discussed on average 15 provider per month, compared to 22 in the previous year. Care homes were the services represented most on the agenda with on average 6 care homes with enhanced monitoring and an average of 4 care homes with an embargo on new admissions. Safeguarding and contract concerns featured as the main reasons for entering the Serious Concerns procedure and it was noticeable that due to a significant reduction in CQC intelligence that no service entered the procedure due to a CQC published report. On average there were around 20 professionals attending the monthly Serious Concerns meetings.

Health and Social Care Ombudsman received 2 referrals in the reporting period. 1 was closed as the Ombudsman did not feel they could add to the care provider or safeguarding's response. The other case is still open but for a Bradford placement outside of the district. There were no specific themes or trends to report.

The MCA/DoLS Team provided data in relation to care homes documenting 1,117 DoLS applications were made during the reporting period [22/23 data – 1,190] and 421 authorisations made in care homes [22/23 data – 293]. The overall feedback was that paperwork and DoLS applications submitted often lacked comprehensive information, and paperwork did not always contain the correct information for cases to be prioritised. The MCA/DoLS Team invest a significant resource in following up these details with care homes. There also appears to be lack of understanding about a person's "ordinary residence" status as this is a key area where information is not shared correctly. An updated Form 1 is being drafted to improve information supplied by care homes to the

MCA/DoLS Team and this will be circulated shortly, alongside key messages and on-going training and support to care homes.

The Financial Support Services (FSS) reported that the pressure to process payment continues and acknowledged a backlog in processing payments and noted resourcing issues in FSS, as well as delays due to incorrect information being submitted or delays within social work teams. Discharge to Assess placements in care homes is also noted as impacting on the work of FSS and payment processing delays. The team are responding to this with the addition of new staff in 2025 and a recruitment process is underway. Currently the transition for care homes to move to gross payments is paused to address some of the backlog. New care homes registering on the Provider List is also noted as delaying payments for out of area care home placements.

The Contract and Quality Team monitor a range of datasets related to care homes throughout the year, reporting to strategic forums and boards each month. A range of reports have been created however an overarching care home dashboard is currently being developed to be tested in early 2025 and will draw in many datasets which are considered as part of this annual quality for care homes in the Bradford District.

The Bradford Care Association [BCA] continue to support the Care Home sector in a variety of methods and delivered quality workshops throughout the year and specialist training on leadership and management. As well as these workshops the BCA also host regular provider updates, manage WhatsApp groups, support an activity workers forum, support providers around workforce, DSPT compliance, introduction of digital systems and engage individual care homes to support and advise as required.

During the year the Care Home Handbook was refreshed and re-published with a range of resources from both a national and local context to support Bradford Care Homes. The specific areas that were refreshed included: nutritional support, tissue viability, continence, structured medication reviews, GP practices and care homes working together. A specific winter pack was also produced and published towards the end of 2024. A poster and QR for care homes to link directly to the pack was published via the Provider Bulletin. The ICB offered resources to refresh these resources and these form part of the work of the Enhanced Health in Care Home working group.

The Provider List Contract was updated in 2024 to reflect the changes to CQC, as well as other system changes and the addition on Discharge to Assess specification, which was published in September 2024.

Skills for Care also produced a number of resources during the year, which were shared via the Provider Bulletin, and included several specific toolkits and resources around workforce, recruitment and induction processes.

3. Health Data

The Infection Prevention and Control Team conducted 70 care home visits, an increase of 29 from the previous year, which was a result of additional staffing in the team. The majority of these visits scored at the good level (92% - 64 visits) and the rest scored at the amber level (8% - 6 visits). None scored at the lowest level. Of these visits 31 were to nursing homes and 39 to residential homes. Two of the amber scores were at nursing homes and four at residential. No common issues were identified; therefore, no specific themes or trends were observed. Previously environmental wear & tear was causing concerns but with the improvements many of the care homes have made since the pandemic this issue has become very minor.

The End-of-Life team provide a range of support to care homes, including training to staff members. During the reporting period the team delivered 87 training sessions to care homes in the Bradford District. In total 529 staff engaged in these training sessions. The training was delivered to 24 nursing homes and 22 residential care homes across the district. Feedback was provided that the Gold

Standard Framework (GSF) is the operating model used in Bradford, but it is not fully utilised by the system and in some instances knowledge in GP practices is lacking and this results GSF not being as effective as it could be, for example care home staff are not always included in the GPs GSF/palliative care meetings.

The Tissues Viability Team (TVT) support residential care homes with residents experiencing pressure damage and sores. In total there 68 care homes that received support for residents with skin damage, a reduction from 87 in the previous year. There were a total of 525 pressures sores or skin damage issues that were referred to TVT. This was a decrease of 563 from the previous year. The highest proportion of cases were at stage 2 and 3. Three cases were at the most severe Stage 4. TVT also offered wound management training throughout the year and 11 care home engaged in the training. In total 99 pressure ulcer prevention training sessions were offered, however 22 were cancelled and 77 were delivered. TVT also monitor details about when and where pressure damage occurred and if it was already present at discharge to a care home.

Bradford District Care NHS Foundation Trust Continence Service received 5495 referrals, across all services and not only care homes. During this period majority of the referrals came from GP's followed by secondary care. The service noted demand exceeded capacity resulting in patients being placed on waiting lists for first appointments. The numbers waiting for first appointments fluctuates but, since January 2024 the average has been around 350 at the end of each month. Anecdotally, there is an increase in referrals of people who would previously have purchased containment products but, for economic reasons, are finding it increasingly difficult to do so. The service triages to other parts of the system, e.g. physiotherapy/urology which are not provided by BDCFT. Where these services are experiencing capacity challenges this impacts the Continence Service.

The Continence Service has implemented improvements/lessons learned including: an 'opt in' approach to appointment booking which gives patients more choice about when and where they are seen and helps to reduce missed appointments, the service regularly reviews patients with high numbers of continence related referrals to the District Nursing Service with a view to ensuring these patients have the right support in place, self-management facilitators who work with patients to increase their knowledge and confidence to manage their own health conditions can seek input from the Continence Service to better support patients with continence related conditions and a review of containment product provision is underway. Containment products are allocated based on clinical need which is assessed by specialist nurses.

Admissions to hospitals is monitored by postcode and while this can provide some broad oversight there are 12 care homes who share a postcode with their neighbouring care home and several locations with other non-care home services that have regular hospital admissions (e.g. a sheltered housing complex). The data showed that for the locations marked for care homes there was an increase in admissions for this year, rising by 145, although as noted this may not be directly from care homes. The ICB monitor this data on an ongoing basis and the top ten providers receive specific support and intervention to explore an themes or trends. The Contract and Quality Team also contacted the care homes that were highlighted in the data as having the highest admissions to understand any particular issues and any areas where the care home would benefit from additional support.

The Telemeds service, delivered by Immedicare, offer specialist clinical support to care homes through a virtual platform. In total there were 6,747 (5,937 the previous year) consultations of which 69% were to residential homes and 31% were to nursing homes. The most common clinical reason for consultations was falls at 30%, followed by suspected chest infection at 6% and skin issues at 5%. Consultations by clinical purpose by month shows falls were steadily increasing through the year, whereas other issues remained largely similar across the year. The highest number of consultations

were out of hours at 66% and 34% in hours. 55% of contact resulted in advice given with no onward referral, 30% were referred to GP and 10% to the ambulance service. The usage of the system remains high and had increased this year. Falls remains the highest reason for calling and the most calls occur out of hours. While no specific feedback, the data analysis identified there was an increasing trend of falls referrals across the year especially towards the end of the reporting period, this upward trajectory is a point being considered by system partners as a potential emerging trend.

There was a survey of care home staff and managers using the Telemeds service between May 2023 and October 2024 which resulted in 105 submissions. 85% of responses rated the service as good or very good. Since the Telemeds service was initiated in 2022, there have been range of training courses that have been accessed by 34 care homes and over 330 staff members.

The Recognition of Life Extinct (RoLE) pathway was developed and implemented during the reporting period (though exact dates were slightly outside the reporting period). Six monthly analysis after RoLE pathway was implemented demonstrated a 28% increase in care homes contacting Telemeds to seek support in relation to RoLE. Across a 12-month period (July 23 to June 24) 184 calls were made and this prevented 141 being made to a GP. During the period 32 residential homes engaged in Telemeds support and 22 nursing homes. The residential homes that did not engage were specifically contacted to either encourage them to engage or seek reasons for lack of engagement. Of those contacted 5 residential homes intended to engage with RoLE through Telemeds in the future although some home highlighted connectivity issues or concerns amongst staff about verifying deaths. A further audit is planned in January 2025 to monitor the RoLE pathway.

The District Nurse Team support residential care homes in the district and visit residents to offer nursing support. There was no specific data available but the District Nurse Team visit care homes on a daily basis to support with a range of activities from wound care, administering medications, catheter care, pressure area management, palliative care, reviewing equipment and supporting staff in the care home.

4. People Data

The Contract and Quality Team seek feedback from people living in care homes during visits to the service, as well as seeking feedback from other professionals who support residents, such as social workers and advocates. Care homes also seek feedback from their residents and 24 care homes were contacted to receive a sample of the feedback. Five responded and shared details of the engagement with their residents. All used very different sets of questions, and no clear themes or trends were identified.

The website carehome.co.uk is well used across the sector and 101 Bradford Care Homes are represented on the review website, a slight reduction from last year. There were 311 reviews in the last year, the majority were left by relatives or friends (97%) and only a small number by residents (3%). The majority were very positive and only five reviews were one star. There was evidence of some care homes actively encouraging reviews and engaging with feedback left on the website as a way to positively promote their service.

5. Provider Feedback

A feedback survey was sent to care homes in the Bradford District. 26 responses were received from 25 care homes, which was an increase from the last year. Overall, the results were slightly less positive this year compared to last year, but it should be noted that there were 10 more respondents to this year's survey. There was a good awareness of the Bradford approach to quality in care homes, outlined in the Quality Charter, and although feedback was generally positive there is still some potential for improvement. The majority of responses knew who their Business Relationship Officer was, and feedback was broadly positive about the successfulness of this role and the support the Contract and Quality Team offered.

The responses highlighted that care homes were aware of the support from the BCA and in general feedback was very positive in terms of the support offered to care homes. The different types of support were appreciated and a suggestion was made about further training being available in cyber security. Ongoing support would also be appreciated in being CQC ready, delivering evidence-based practice, managing costs effectively and further networking opportunities.

Providers gave feedback about the challenges using the online safeguarding portal, the need to access dependency tools around staffing, as well as further training around identifying when residents are deteriorating and in relation to dysphasia.

As part of the feedback from providers it was noted that a care home had engaged in a research programme and had shared best practice with their strategic partner. Other homes had noted improving systems and audits which had been noted by pharmacists conducting reviews of the care home.

Although the questions in the feedback survey were not related to financial pressures, several providers raised concerns about the financial difficulties that care homes are facing and concerns about their budget for the upcoming year.