

## Annual Quality Review 2024/25

The Commissioning and Contract and Quality Teams have completed a systematic review of quality across care homes, residential and nursing, 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 in the Bradford District. The report presents all the data collected with analysis completed by the Commissioning and Contracts Team, as well as those who submitted the data. During this year's reporting period, from 1<sup>st</sup> November 2024 to 31<sup>st</sup> October 2025, the Care Home Dashboard was developed which has enabled data to be collected more easily but also allowed the team to access the data throughout the year and in a real time view. The key findings will be presented to key strategic forums to feed into the on-going support to care homes in the Bradford District.

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### Key Findings

#### 1. System Data

Between 01 November 2024 and 31 October 2025, in the Bradford District,

- One new care home opened.
- There were two changes of CQC registered provider for existing care homes.
- One care home reopened under a new legal entity.
- The two openings of services added a further 131 residential beds to the available care home beds across the district.
- Two existing nursing homes also increased their number of registered nursing beds by 15 and 4 beds, adding an extra 19 nursing beds.

During the year the Council ended its contracting arrangements with one care home and the service became dormant with CQC. This impacted 11 residents who were supported to move to other care homes and there were 20 residential beds that became dormant at the site.

Overall, across the year the number of care home beds increased by 150. 131 were residential and 19 were nursing. Over the last two years there has been an increase of 342 care home beds in the district, which does not reflect the demand for beds.

In the reporting period there were 462 new placements to care homes, this was reduced from 530 in the previous year. A reduction of 13% (68 placements). At the end of the period there were 15 payments still pending a final decision, some of which may be adjustments rather than additional placements. 44 placements were for enhanced level of support and 52 were negotiated fee rates. 351 were made at the Council's standard fee rates. 58% of overall placements were in residential settings and 42% were in nursing homes. 433 of the

placements were for older people's support, 13 for mental health placements, 12 for learning disability placements and 4 for physical disabilities.

Over the last two reporting windows the number of new care home placements per year has reduced by 41% from 778 placements in 2022/23 to 462 per year in 2024/25.

The number of Discharge to Assess (DTA) placements for the reporting period was 585. Of the placements that ended during the reporting period the average length of stay for a placement was around 36 for DTA and 110 days for a long-term placement in a residential home and 78 days for nursing home placements.

28 new care home registration packs were sent to care homes during the reporting period. The majority of these were for care homes outside of Bradford, though 5 were for a change of provider legal entity and to re-register on the Provider List. The overall number was significantly decreased, from 65 in the previous year. Some of this may be due to an increase in applications last year as border care homes with active placements were supported to register on the Provider List, though the reduction also appears to show a lower number of placements made outside of the district.

### **Occupancy**

Care homes record their occupancy and vacancy data on the Capacity Tracker which is analysed by the Contract and Quality Team. Occupancy levels have remained relatively static at an average of 82% for the year, fluctuating between 81 – 84% across the year. The data is difficult to draw conclusive trends especially as the lower and higher occupancy percentages are impacted by new services opening or care home closures rather than a significant change in the number of placements. This remains relatively similar to the previous 12 months where occupancy levels were at 84%. At the end of the reporting period for both long term and short-term beds there were 3,670 care home beds in the Bradford District which was an increase from the end of the last reporting window. Of these 3,670 beds around 3,018 were occupied and 652 were vacant. Occupancy across the year is slightly higher in residential settings at an average of 84% whereas nursing average for the year is 80%.

The number of care home beds available looks significantly less than last year, however the new Care Home Dashboard has identified an issue with the figure detailed in the last report. It is worth noting that the percentage of occupied and vacant beds for the overall market remains around the same. The percentage still represents an oversupply of care home beds for the number of placements made.

Bradford Council's Market Position Statement for Care Homes indicates that occupancy levels have remained relatively stable. The market position statement acknowledges that Bradford Council's position does not support the opening of further care homes and that further expansion of residential or nursing care home provision is not currently required. Whilst demographic modelling indicates that the population of older adults, over 65 years old, is growing, this is offset by community support and the Council's "Happy, Healthy and at Home" strategy, which prioritises supporting people to remain at home wherever possible. As a result, projected future demand for new care home placements currently remains low.

## Staffing

[Skills for Care workforce data for Bradford in 2024/25](#) reports Bradford's adult social care sector contained approximately 17,500 posts, around 500 fewer than in 2023/24. Of these roles, around 850 were vacant, compared with 1,300 vacancies the previous year. This reflects a reduction in both total posts and vacant posts year-on-year. The staff turnover rate in Bradford was 22.4% in 2024/25, compared with 22.6% in 2023/24. This small change indicates that turnover remains broadly consistent. Not all turnover reflects staff leaving the sector entirely; around two-thirds of new starters were recruited from within adult social care, meaning providers often need to backfill posts made vacant through internal movement rather than external exits. In terms of workforce experience, 27% of staff have less than three years' experience, 37% have between three and nine years, and 36% have more than ten years. This distribution highlights a significant proportion of relatively new staff alongside a smaller but established experienced workforce.

Data recorded that the majority (78%) of the workforce in Bradford care homes were female. The average age was 43 years old. Workers aged under 25 make up 9% 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 (the same as last year). Recorded nationality was 80% British, 18% Non-EU, 2% EU. Ethnicity reports 56% of the workforce is white, 27% Asian/Asian British, 13% black, African, Caribbean or Black British, 2% mixed or multiple ethnicities and 1% other.

Skills for Care estimates qualification in social care is around 49% (a reduction from 53% last year). 51% of the workforce has no relevant social care qualification. Reporting on the care certificate standards, shows 36% complete, 9% in progress, 54% not started. Non-statutory training reports 74% care skills and knowledge, 63% health and safety in the workplace, 50% specific conditions and disabilities, 31% IT skills, 31% staff development, 51% formal training or qualifications.

Data shows that the hourly rate of pay for roles within Bradford is between £11.80 for frontline care staff and £12.68 for senior roles. Whilst this is above the £11.44 national living wage, roles within the sector do remain low-paid. Skills for Care advocate for improved pay and investment in the social care workforce to address inequalities. Nationally the average hourly rate for social care support workers is £12 compared with £12.72 for Band 3 roles within the NHS. Data shows that the total pay gap between social care support workers and NHS band 3 workers (including benefits) is 30.3%, equivalent to over £7,000 annually.

Skills for Care recognises that increasing care worker pay is financially feasible and beneficial for the economy. A 50p per hour pay increase for 1.29 million care workers would cost the government 2.3% of the social care budget. Investment in pay can unlock NHS capacity and improve workforce stability. Community integrated care has achieved an 80% retention rate by increasing pay and focusing on workforce experience. Bradford Council continues to work closely with the BCA delivering the Bradford Social Care Workforce Strategy (2022-2027) to ensure the adult social care workforce meets the diverse needs of the sector.

The government is progressing plans to introduce a Fair Pay Agreement (FPA) for the adult social care sector in England. This follows a consultation aimed at establishing an Adult Social Care Negotiating Body to set sector-wide pay and conditions through collective bargaining between employers and trade unions. The process is supported by legislation

under the Employment Rights Bill, with implementation expected by April 2028. This could potentially put pressure on care homes and commissioners' budgets due to rising wage costs but could also bring improvements to workforce stability and recruitment.

Population health data report predicts Bradford will see an increase in people over 65, with an increase in health conditions such as dementia and other long term health conditions. The Office of National Statistics (ONS) data predicts an increase in women over 65, more so than men in the next fifteen years. The report predicts an increased need for care homes going forward though this is still to be read in context of the occupancy / vacancy levels documented in this report.

The CQC report, [The State of Health Care and Adult Social Care in England 2024/25](#), shows that national care home occupancy rates are around 84%, which is comparable to Bradford's occupancy levels. The report also highlights: "Data from our Market Oversight scheme provides insight into the association between occupancy levels and funding: care homes for older people with a higher proportion of residents receiving local authority-funded care also have higher occupancy levels compared with care homes that have more self-funded residents."

CQC introduced a new single assessment framework in 2024, aimed at simplifying the inspection process and enhancing the quality of care across health and social services. Under each of the five question areas (safe, well led, caring, responsive and effective), services are now given a score against a set of quality standards which are posed as "we statements". Services are still given an overall rating, but it is now easier to distinguish where services are working well and where improvements are needed.

Between 01.11.2024 and 31.10.2025, CQC published 20 Care Home inspection reports for homes in the Bradford District. This was significantly more than the last reporting period, with 10 homes inspected between 01.11.2023 and 31.10.2024. 10 care homes improved their overall rating (8 from Requires Improvement to Good and 2 from Inadequate to Good), 5 maintained the same rating 3 ratings decreased (2 from Good to Requires Improvement and 1 from Good to Inadequate). 2 homes had their first rating (1 being Good and the other Inadequate). There is now an increase in the number of homes rated Good (+8) and a decrease in the number of homes rated Requires Improvement (-6) in the Bradford District. There is no change to the number of homes rated Outstanding. Due to one home closing which was rated Inadequate during this reporting window, there is now 1 fewer Inadequate rated home in the district.

Although there has been an improvement in ratings this year, care homes in the district are currently performing below the England average, with fewer homes rated as Outstanding or Good and more homes rated as Requires Improvement. 72.45% of independent homes who are on the Residential and Nursing Care Home Provider List are rated as Good or Outstanding, compared to the England average of 81.6%. Similarly, this is also below the Yorkshire and Humber average of 78.6%. The Contract and Quality Team have targeted significant resources to support care homes to improve their service quality and be prepared for CQC on site assessments to ensure their ratings improve.

As part of the Single Assessment Framework Care Homes now receive scores for specific 'we statements' within each of the five assessed domains (safe, well led, caring, responsive and effective). If a statement has not yet been scored it is given a 0, but if a statement has been

scored it is given a number between 1 and 4, with 1 representing significant shortfalls in the standard of care and 4 being an exceptional standard of care. All care homes inspected achieved at least one score of 3, meaning they are all delivering a good standard of care against at least one 'we statement'. 15 out of the 20 homes inspected did not receive any scores below 2 so did not have any significant shortfalls in the standard of care delivered. Only 2 care homes inspected achieved any scores of 4 and no homes achieved a score of 4 in the well-led domain. 5 care homes achieved scores of 1 and all 5 of these homes achieved at least one score of 1 in the well-led domain. This follows the trend of previous reporting periods where the domain with the lowest average rating upon inspection was well-led. The topics which Providers struggled with the most in comparison to their other scores, were medicines optimisation (safe domain) and governance, management and sustainability (well-led domain). 15 out of 20 homes inspected achieved a score of 2 or lower for these statements. This highlights areas to target support for improvements over the upcoming year.

## 2. Bradford Council Data

The Contract and Quality Team completed 123 visits during the reporting period, a slight reduction from 127 in the previous year. There were seven officers who completed visits from the team.

Type of Visit	Residential	Nursing
Standard Contract Visit	33	20
Enhanced Monitoring	29	25
Risk Based Validation (RBV)	5	11
Total	66	56

The 16 RBV visits were completed at 10 care homes as some required more than one visit across the year. Enhanced monitoring was in place at 9 different care homes during the reporting period and some services exiting the Serious Concerns Procedure after a period of support. Within these visit numbers it showed a slight increase of standard contract visits over the year, compared to the previous year, and a slight decrease of visits as part of the Serious Concerns Procedure.

Contract Officers check a range of areas during visits. The team observed good practice at care homes mostly relating to staff engagement, staffing levels, safeguarding, resident and relative involvement. The areas that the team identified areas for improvement the most related to audits, care plans, risk assessments, medication and call bell systems. The Contract Team also engage with residents and relatives during site visits and feedback provided across the year about the service they receive is broadly positive.

The Contract Team noted that in this year there has been a particular prevalence of electronic systems being introduced, and either being under resourced during the implementation period or staff teams struggling to embed systems which led to a

deterioration of service quality and created risk within services. A new issue that has emerged over the year has been where services have call bell systems that do not have an audit function. The Contract Team noted an increase in concerns being raised about slow response times to call bells and services being able to audit systems is an important part of investigation process for these types of concerns.

The Contract and Quality's Team Contract Concern Log (CCL) received:

Type	Residential	Nursing
Corporate Complaints - 8	5	3
Concerns - 597	280	317
Safeguarding - 781	379	402
Incidents - 14		
Other - 3		

Compared to the previous year there was a slight reduction in formal complaints, though the number of concerns raised to the Contract Team about care homes had increased by 56. The data also shows a significant increase in the number of concerns related to nursing homes and a reduction for residential homes. Referrals processed as part of CCL does include duplicates from the safeguarding dataset and not all referrals are transferred but only where there is risk, where referrals have quality or contract issue to address, or where services are being monitored through the Serious Concerns Procedure.

The team noted that nearly all care homes holding a contract with the Council and ICB had a referral on the CCL. Four care homes were identified with no referrals and Contract Officers will offer support and visits these services to ensure continued engagement. During the reporting period the CCL received a compliment for a service about how it had engaged in the StEW programme. Analysing the concerns showed that most of the cases related to staffing levels, poor staff engagement or issues around staff training.

During the reporting period the ICB did not receive any complaints but noted that the PALS service often acts as the first port of call for their funded care placements to raise concerns.

The Health and Social Care Ombudsman had no cases concluded during the reporting period for Bradford Council funded care home placements. Two cases were opened during the reporting period, but both will be concluded in the next year's reporting period. There was one further Ombudsman ruling, that was a placement that was not funded by the Council or ICB, and the care home received information from the Ombudsman about required actions.

The Safeguarding Service (SAS) received 2,471 referrals for care homes. There were 1,812 for residential homes and 863 met s.42, of which 778 were in relation to physical abuse, the most common theme. There were 916 referrals for nursing homes and 465 met s.42, of which 490 were in relation to physical abuse, which was the most common theme. The next largest themes were in relation to neglect and acts of omission, organisational abuse and then self-neglect. There was a 10.5% increase in safeguarding referrals for both residential and nursing homes in the reporting period. This include an increase of referrals

meeting s.42, which was 4% increase for residential homes and 13% for nursing homes. This increase also reflects the increase noted on the Contract Team's CCL.

The organisational safeguarding concerns for residential and nursing homes spanned over 38 different providers. There have been Stage 2 Organisational Safeguarding Enquiries (OSE) completed and exited for 14 providers. Progressing to Stage 3 where a meeting is convened with the provider and key stakeholders, there were 4 OSE that have been completed for 2 providers and 1 remained open at Stage 3 at the end of the reporting period.

Training has been provided to 8 care homes. The Safeguarding Partnership and Prevention Team have also attended forums hosted by the Bradford Care Association and delivered presentations as well as being available for questions and support.

Collaborative working has continued with partner agencies, such as The ICB and CQC as well as working closely with other departments within Bradford Council to achieve better outcomes for those people who live in care homes across The District.

Within the Safeguarding Adults Service (SAS), there has been an active response to feedback from providers by implementing a structured process for case closure communication. Upon concluding duty cases, SAS now provide reporters with the agreed actions taken to mitigate identified risks, or, where appropriate, recommendations for further action. This enhanced feedback mechanism has been positively received by providers, who report that it supports their ability to monitor and evaluate the outcomes of safeguarding concerns they have raised.

The Serious Concerns meeting was held 12 times across the year. On average 13 providers were discussed per meeting, a reduction from the last two years (15 -23/24 and 22 – 22/23). Care homes are the most represented services on the agenda with an average of 5 services with enhanced monitoring in place and 4 with an embargo in place. It is worth noting that this includes some care homes outside of Bradford where the Council has placements and mirrors the contract arrangements in place with the host authority. The same theme continues in terms of the reasons for entry to the Serious Concerns Procedure, which include concerns raised by Safeguarding, CQC or from the Contract Team. On average the meeting was attended by 8 external partner agencies as well as representatives from all internal Council teams that engage with care homes.

The MCA/DoLS Team received 1,113 DoLS applications during the reporting period 24/25 [23/24 data – 1,117] and 255 authorisations made in care homes [23/24 data – 421]. 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.

During the last year the MCA/DoLS Team delivered two training sessions for registered managers and senior leadership in care homes. These were well attended. The team also developed guidance, joined the care home forum and supported the sector around specific case management.

During the reporting period there was a significant development to prepare for the new Care Home Brokerage Team that launched on 3rd November 2025 and will feature in next year's report, though the preparation was done throughout this reporting period. The new team will assist with the placement and payment process to bring efficiencies. The Financial Support Service (FSS) have dedicated resource throughout the year to address where there have been some delays in payments. Services re-registering has also generated a significant number of new placements requiring re-issuing during the year. Payments being processed requires multiple pieces of information being accurate at the point of submission, both at a Council level but also when returned from providers. If anything is missing or incorrect, this adds considerable delays to processing times. Work has been underway to address this, and the Care Home Brokerage Team will also change this moving forward.

The Care Home Dashboard has been created by the Contract and Quality Team and launched in the last year. This draws together a range of data sources from Council systems related to care homes as well as CQC, Capacity Tracker and some health data. This has significantly improved the oversight of care homes with access to real time data. It has also enhanced this report and much of the data has been analysed from the dashboard. The system is still being developed to analyse emerging trends or to assess service performance and act as an early indicator where there may be a service risk.

In October the Discharge to Assess (DTA) Pathway 3 Specification was refreshed. This pathway oversees placement into the independent care home sector from hospitals. This has become the pathway that many placements start for moving into care homes from the Council and ICB. When the system was refreshed the contract was re-issued and providers asked to re-sign up to deliver DTA. 69 care homes signed to be able to deliver DTA beds. This was an increase of 13 care homes from the previous round, with 15 new homes applying but 2 not renewing their application. Pathway 3 discharges have increased beyond anticipated forecast in the initial stages of the new contract.

In September the Council launched its AI assistant, Annie. This tool offers guidance and information regarding Adult Social Care in Bradford. Annie can guide individuals towards assessments and community resources, ensuring timely access to care. Built with multilingual capabilities, the tool promotes accessibility for diverse communities. It also incorporates safeguarding features—conversations that raise concerns can be flagged for human review—helping maintain safety and trust.

The ICB supported with the Care Home Winter Pack for care homes which has been refreshed for 2025/26. Within the winter pack there is a focus on the telemedicine service – a service which provides 24/7 clinical support for instances such as falls, pain management, flu-like illness and other common issues experienced by older people. This was added to the Bradford Council, Connect to Support - Provider Zone. The pack also contains resources on falls prevention, the urgent community response service, and other resources available to support care homes.

Skills for Care offering a range of resources for care homes and in the last year they have developed and published: the workforce race equality standard (WRES). The WRES is a continuous improvement programme aimed at tackling racial inequalities in England's ASC workforce. The Care Workforce Pathway was expanded to include 4 new roles and outline clear progression routes in the care sector. In July they launched the Skills for Care preceptorship programme which is a structured support package for newly registered

nurses and nursing associates working in adult social care. In September they launched a campaign to showcase how digital technology can enhance adult social care.

Bradford Care Association (BCA), in partnership with the Institute of Health & Social Care Management, has introduced a six-week Leadership Development Programme for Deputy Managers, which started in January 2025. This initiative combines online and in-person learning, video resources, and practical workplace application to strengthen leadership capacity within care homes. Through the workshops 41 managers were supported and a total of 96 managers attended training sessions across the year.

The BCA has also set up WhatsApp community to support around falls, safeguarding, end of life, support to registered managers and activity co-ordinators. There was also support provided in relation to medication training and guidance as well as sharing information via the monthly newsletter, social media channels and the fortnightly provider updates. Throughout the year a series of quality workshops were hosted focusing on recruitment, nurturing and retaining the workforce and quality in practice. There were also webinars which covered medication, care and compliance, maximising efficiency and cost savings, enhancing productivity with digital innovation and enhancing workforce productivity and skills.

The BCA engaged other partners to support providers and access resources, including the Credit Union, access to recruitment events, international recruitment and training resources. The work to support providers improve digital systems continued and compliance for the Digital Security & Protection Toolkit (DSPT) rose to 94% in June 2025 with the BCA's continuous support to care homes. The BCA also continue to support the sector and represent their voice in strategic forums and around fee setting negotiations.

The Council also circulated the Provider Bulletin each week, sharing information and resources to care homes about training and support that could be accessed, as well as other key information. The Provider Zone on Connect to Support was maintained with key information and the updated Care Home contract and fee information for care homes was updated during the year. There were two Care Home Provider Forums hosted as well as engagement with the Council's senior leadership at strategic events throughout the year.

### **3. Health Data**

The Infection Prevention and Control Team conducted 46 care home visits; this was a decrease from the previous year but noted homes are on a rotation cycle and residential settings only receive visits every other year. Some homes deferred a visit due to on-going renovation work. All the services inspected achieved over 95% which is "green" and a good score. 28 visits were to nursing homes and 18 to residential homes. Trends observed during IPC audits show an improvement in the IPC score, currently averaging at 98%, with homes developing action plans to focus on enhanced cleaning schedules, clinical rooms and sluice rooms. The team also support service during outbreaks and sharing key updates to strategic partners.

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 training sessions to 753 attendees in 35 homes in the Bradford District. The training was delivered to 27 nursing homes and 8 residential care homes across the district. The number of attendees has increased significantly between the two reporting periods. Data for 2023-24 records 529 attendees at

training sessions, rising to 753 in 2024-25. It should be noted that staff members may have attended more than one training session, which is not reflected in the data. The End-of-Life training facilitator has engaged with the BCA to promote the training. For the coming year, the team is aiming to ascertain the number of homes accredited with the Gold Standards Framework (GSF) service improvement programme for end-of-life care.

The Tissue Viability Team (TVT) support residential care homes with residents experiencing pressure damage and sores. In total there 75 care homes that received support for residents with skin damage, an increase from 68 in the previous year. There was a total of 454 pressures sores or skin damage issues that were referred to TVT. This was a decrease of 525 from the previous year. The highest proportion of cases pressure sore were at stage 2. Five cases were at the most severe Stage 4.

TVT delivered training to homes across the district, visiting 61 homes in Bradford, 38 homes in Airedale, Wharfedale and Craven area, which includes the Craven district outside Bradford's local authority area. 137 pressure ulcer prevention training sessions were offered, which represents a significant increase from 99 in 2023-24, however 38 were cancelled, meaning 99 were delivered. TVT also offered wound management training throughout the year, however following the cancellation of one session and some non-attendance, only 6 nursing homes benefitted from this training. Wound Management training was offered by TVT for registered nurses in 2024-25. Four sessions were scheduled across the year, with three of these delivered following a cancellation. Due to non-attendances, only six nursing homes benefitted from this training. Cancellation of training continues to be an issue impacting on services benefitting from this training offer.

Bradford District Care NHS Foundation Trust Continence Service had data requested but unfortunately as of writing this has not been received.

The StEW service offers nutrition support and training to care homes in the Bradford District. During 2025 21 care homes were offered training, taking the total number of homes trained since the service began to 60. In 2025 36 homes engaged in catering training and 82 nutrition workshops were delivered. Care homes reported a better understanding of nutrition because of the training and that residents were offered better support. Homes have reported improvements for residents such as weight stabilising and staff having a better understanding of nutrition.

The StEW service also reported some care homes are experiencing budgetary pressures due to now fortifying food through ingredients, especially where NHS prescribed products have previously been relied upon. Staff turnover has also impacted knowledge retention at services and communication being poor has also been an issue for the training offer to care homes. There is still some on-going culture shifts required to address the over-reliance on prescribed supplements and care homes require a lot of support which can be challenging for a service with a small staff team. Going forward guidance and future workshops are being planned. Current courses are being refreshed as well as training videos created.

Admissions to hospitals is monitored by postcode and while this can provide some broad oversights 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 as having 1,938 hospital admissions across the reporting period, this

was a decrease of 134 from the previous year. The data is difficult to draw strong conclusions or trends as all care homes in the top ten either share a postcode with another care setting or community asset that may have an increase in hospital admissions. However, all care homes in the top ten were contacted by the Contract and Quality Team to explore if there any issues to consider. One service noted an increase in falls at their service over the last year, which may have explained an increase in hospital admissions and highlighted steps they had taken to address this. Another service said their admissions were following advice from the Telemeds service.

The Telemeds service, delivered by Immedicare, offer specialist clinical support to care homes through a virtual platform. In total there were 8,906 (6,747 the previous year) consultations of which 65% were to residential homes and 35% were to nursing homes. The most common clinical reason for consultations was falls at 33%, followed by suspected chest infection at 5% and skin issues at 5%. This is broadly consistent with the previous year's analysis, though nursing homes have increased use, and the overall system has been engaged significantly more this year, with an additional 2,159 calls.

The highest number of consultations were out of hours at 66% and 34% in hours, which is identical to the previous year. 59% of calls resulted in advice given with no onward referral, 18% were referred to GP (reduced from 30% in the previous year) and 10% to the ambulance service (which is the same as the previous year).

The overall usage of the system has increased significantly this year. Falls remain the highest reason for calling and the most calls occur out of hours. Most referrals receive advice and support. There is minimal support with prescriptions. Telemeds is clearly a much-used service in the out of hours periods and the highest use of the system is over the weekend.

The District Nurse Team (DNT) support residential care homes in the district and visit residents to offer nursing support. The DNT reported 365 interventions at 65 residential care homes, supporting older people and people with learning disabilities. This is the first year of data received for care homes in the Bradford District and as such there is no comparative data.

#### **4. People Data**

The Commissioning and Contract and Quality Team developed a survey for people using care home services. So far, 23 responses were received, including 6 completed by the relatives on the behalf of the residents, 1 completed by the service user and 16 completed by the care homes employees on behalf of the service users. The survey responses were related to 10 different care homes in Bradford and feedback was provided to the services. The Contract Team will add an extra page to their contract visit reports with a printable page and QR code that care homes will be able to display to encourage wider participation.

The website carehome.co.uk had 78 care homes in the Bradford District. This is the decrease compared to last year, when 101 homes were viewable. 69 homes have been left reviews. 2202 reviews have been left in total, including 467 (approximately 21%) reviews written within the reporting period. This is an increase of 156 reviews compared to the previous year. The majority of the 460 (98.5%) reviews were from relatives, and only 7 (1.5%) were written by the residents. No reviews were written by professionals visiting the care home. Care homes can score from 1 to 5 stars and 411 reviews in the reporting period were 5-stars reviews, 41 were 4-stars, 7 were 3-stars, 2 were 2-stars and 6 were 1-star reviews.

## 5. Provider Feedback

A feedback survey was sent to care homes in the Bradford District. 22 responses were received from 20 care homes, which was a decrease from the last year. Of those who responded to the question 'Are you aware of the Quality Charter?' 76% of respondents (16 responses) said yes, while 24% (5 responses) said no. This was a drop from last year where 85% of respondents were aware of the Quality Charter, and a further drop from the previous year where 93% of people were aware. This shows a decline in awareness over time and awareness is currently at the lowest rate since we began collecting this data. It was considered that staff and management changes contributed to this knowledge reducing. As with the last year's survey most respondents know their assigned Contract and Quality Officer and were positive about the support they receive. Several providers raised issues related to payment issues and delays as part of the survey feedback.

All respondents said they are aware that the BCA offers support to care homes and home support social care providers, which matches last year's result. When asked whether they were aware of the types of support the BCA offers, 100% were aware they offer Quality Workshops, an annual conference and various webinars and forums, 90% were aware the BCA produce frequent newsletters and 86% were aware of their frequent Network meetings. Over 65% of respondents were aware of all forms of support offered by the BCA. Feedback was very positive in terms of the support offered to care homes by the BCA.

Ideas for future included support for managers about how to train staff, care planning, development of a policy for 1:1 support and further support to managers. There was also a request for further support around falls training which will be shared for future Quality Workshops.

It was noted that many care homes had demonstrated good practice in their engagement with the range of training and support offers to care homes in the Bradford District and services had strengthened their care delivery by engaging with the StEW programme and the TVT training.

### Next Steps

The key findings in this report will be shared in strategic forums across the Bradford District in both the Adult Social Care and Health (ICB) sectors. It will also be shared with the BCA and presented to providers at the next Care Home Provider forum.