

Qa care home mystery shopping research – summary of findings

In June 2016, Independent Age commissioned Qa Research to carry out mystery shopping research with 100 residential care homes in England. A call was made to each care home by a caller posing as somebody choosing a care home for a relative. The information shared by the home was recorded, and the quality of their responses graded as 'good', 'OK' or 'bad', depending on how precise, clear and helpful this would be to someone trying to compare different care homes.

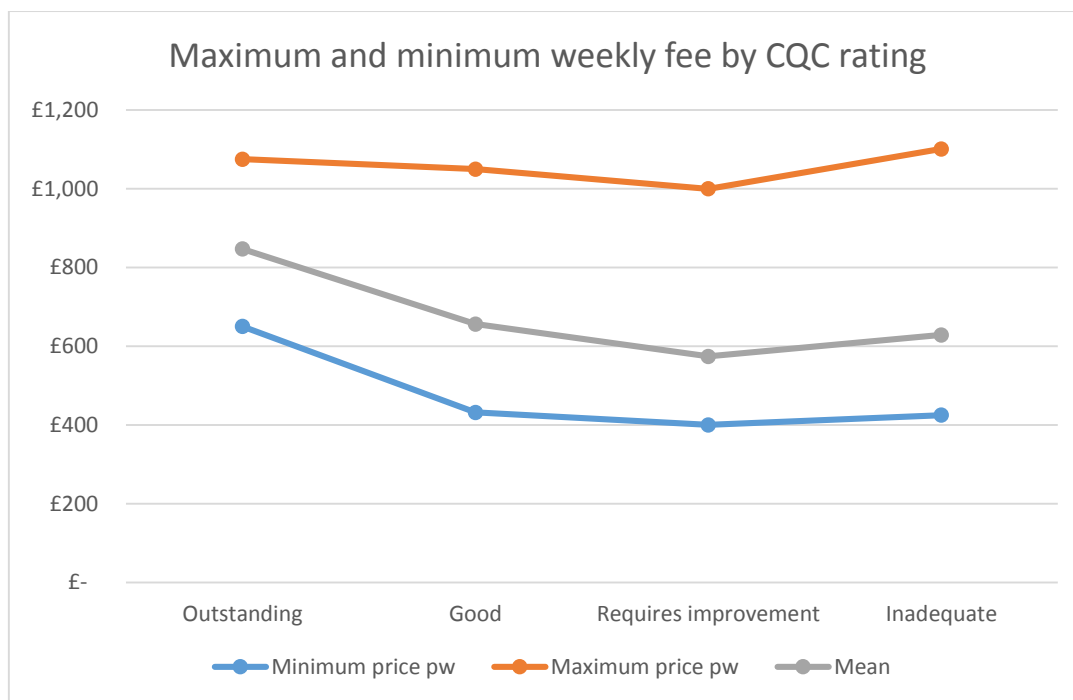
The mystery caller asked about:

- Weekly fees charged by the care home
- Questions about quality of life and quality of care in the home:
 - Daily activities
 - Manager experience and qualifications
 - Level of staff training
 - Most recent CQC rating and why this had been awarded
 - Mechanisms for feedback and improvement

From these answers, we were able to look at how well care homes are currently responding to questions from potential customers, and how well the information shared can be used to judge and compare the quality of different care homes.

1. On pricing

- We asked care homes *what weekly rate they would charge to a self-funding resident*. The caller was looking for care for their mother, who is in her 80s and has been assessed as needing residential care, but does not have dementia.
- 57 of the 100 care homes were able to give an exact price, or to explain the difference in price if a range was given (we judged these answers to be good). A further 39 care homes were able to give a price range, but did not explain the variation.
- 4 of the care homes could not or would not give prices when asked – in 3 cases the caller was referred to another person or department. Given that in 2 of these cases, the person spoken to was the care home manager, and that this is likely to be one of the most common questions they are asked by prospective residents, we do not feel that this is acceptable.
- We found, unsurprisingly, huge variation in weekly rates, ranging from £400 up to £1,075 per week.



- We found a weak relationship between price and CQC rating received by the home. On average, outstanding homes did charge a higher weekly rate, but between good and inadequate care homes, there was very little difference, with only £27 a week separating the average good home from the average inadequate home.
- Homes rated outstanding tended to set their minimum price significantly higher – by around £200 a week – however, there was very little difference between the maximum weekly fee we were quoted by care homes that had received different quality ratings.
- Given the huge range in prices, we feel that the price quoted to any one individual cannot be used as a reliable indicator of the quality of the care home – the saying that ‘you get what you pay for’ does not apply here.
- We also found variation in the pricing systems being applied by care homes, with some charging an all-inclusive flat weekly rate, others charging a basic rate plus extra charges for things like laundry and transport, and others charging different rates according to the size and quality of the room.
- Most worryingly, our research revealed that a large number of care homes appear to be carrying out their own assessments to decide how much they will charge self-funding residents – in addition to the local authority social care assessment. Our caller was told that residents who are deemed to have care needs that will require additional support, such as needing help to walk, eat or cope with dementia may be charged a higher weekly rate, and that the exact rate would be set following an assessment by the care home manager. 1 in 5 of the care homes that we called said that they did this. We are concerned about the lack of transparency around this process and the risk of inequitable and inconsistent pricing.

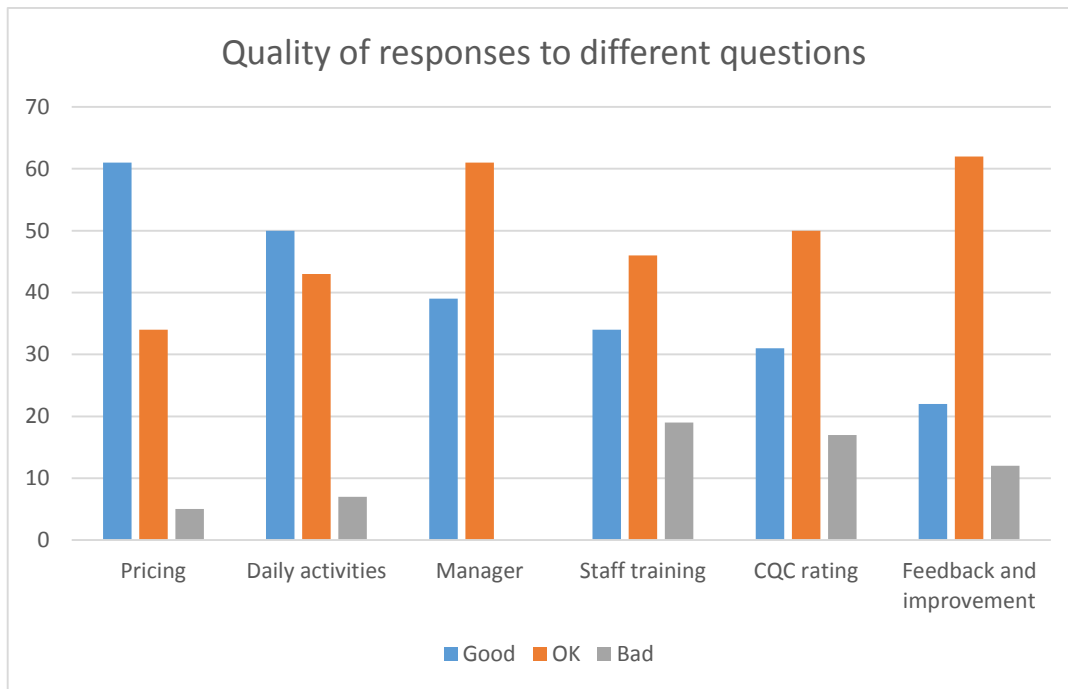
2. On quality

Overall

- We asked 100 care homes five questions that prospective residents or relatives might ask a care home to gauge its quality. These questions covered four areas of quality – daily activities for residents, management, staff training and a commitment to continuous

improvement. We classified homes' responses as good, bad or OK, depending on the level of information they volunteered in response to each question. When judging the quality of a response, we considered how helpful or intelligible it would be to an older person, or a family member or friend, when assessing a care home.

- Overall, only 4 care homes could provide good answers to every question. A further 6 homes provided good answers to 4 out of the 5 questions and 14 gave good answers to 3 out of 5 questions – meaning 24 homes in total gave 'mostly good' answers.
- The majority of care homes we called (54) gave 'mostly OK' answers
- Only 3 care homes gave 'mostly bad' answers – and none gave more than 3 bad answers.



- In addition to the specific questions asked, some of the best homes were actively volunteering further information. For example, when asked about staff training, several homes answered this question and then went on to talk about how their staff retention rates were very high, as staff had the opportunity to develop in their roles. These kind of answers showed an awareness of why the question is important, as well as a willingness to promote the care home to prospective residents and families.
- The purpose of the answers provided by the care homes appeared to be more about proving that the home was meeting regulatory requirements, rather than about providing information that might be useful to a prospective resident or relative. On staff training, in particular, the person answering the call often talked about 'mandatory training' or minimum requirements for NVQ2 level training, without specifying what these levels covered.
- Several homes also talked about their approach to care as person-centred – one also described their approach to staff training as person-centred. Although a marker of quality care within the sector, this term is likely to hold less meaning for regular people shopping around for a care home.
- Care homes need to work to strip out the jargon when speaking to potential residents and their families, and make their customer service more genuinely 'person-centred'.

Daily activities

- When asking 'can you tell me a little bit about what life is like in the home?', we were looking for answers that demonstrated:
 - Residents being supported to take part in activities both inside and outside of the home
 - Links with the local community (e.g. schools, churches or volunteers)
 - Activities being tailored to the preferences and choices of individual residents
 - Activities aiming to promote and maintain independence
- The question was therefore about more than just daily activities, but about the ethos and attitude of the care home – something that we know prospective residents and their families are sensitive to as they visit and interact with different care homes.
- 50 care homes gave a good answer to this question – meeting at least one of the criteria above. 43 gave an OK response – they could talk about activities within the home, but did not cover any of the criteria above in their response.
- 7 care homes gave what we deemed to be a bad response to this question – they focused on describing the home's facilities, such as the garden or lounge, rather than activities or residents' quality of life. This suggested that they saw the care home primarily as a physical building or institution rather than a genuine home where people are helped to lead happy lives.

Manager

- 39 care homes gave a good response when asked 'who is the manager?'. In their responses, they named the manager and volunteered additional information without prompting, such as their qualifications, experience, or how long they had worked at the home. The remaining 61 homes gave an OK response – they provided the manager's name, but did not volunteer any further details about their experience or qualifications.

Staff training

- When asked 'what training do you give to your staff?', care homes tended to respond in quite specialist terms – describing NVQ levels, statutory training requirements and specialist training, with more of an emphasis on levels than on topics covered.
- Of the 100 care homes that we spoke to, only 34 gave a good response, in which they offered further detail on more than one of the following areas:
 - Topics covered in training
 - How regularly training is refreshed or updated
 - How training needs are identified
 - Training completion rates
- A further 47 care homes could provide further detail on one of the above aspects of training (we classified these responses as OK), and 19 – almost 1 in 5 – talked about the minimum level of training required by CQC (which includes things like health and safety, fire safety, food hygiene and NVQ2 for all staff), but provided no further details (we classified these responses as bad).
- Care homes were particularly bad at providing information on training completion rates. Aside from stating that all staff were trained to at least NVQ2 level (a statutory requirement), very few care homes could provide detail on how many staff had completed what training. It was much more common for homes to talk about the training on offer, but not the actual uptake of this.

- One care home manager who took the call described this question as ‘bizarre’ and not something she would expect to be asked before a visit to the home. She said she felt ‘insulted’ by the question, as all staff were trained to at least the minimum required by CQC. She refused to answer any more questions and ended the call. We consider this to be highly unprofessional behaviour – even if the manager suspected that the call was not genuine.

CQC rating

- When asked ‘what is your most recent CQC rating?’, 31 care homes provided a good answer, in which they provided the overall rating, as well as elaborating on ratings for the five key lines of enquiry and/or explaining why they had been awarded this rating, and what steps they had taken or were taking to improve their rating. A further 51 homes provided an OK answer – the person taking the call could provide the overall CQC rating, but did not elaborate.
- However, 17 of the 100 care homes either could not or would not give the most recent CQC rating – or gave an incorrect or out-of-date rating (e.g. 5 stars).
- Several care homes, when explaining their CQC rating, commented that they had been penalised in the inspection because of ‘paperwork’. One or two others noted that they felt their rating had not been deserved and one even claimed that the inspector had ‘not liked them’ and so had rated them inadequate. Given the low level of trust in care homes, questioning the CQC’s judgement to potential customers might not be the wisest approach.

Feedback and improvement

- Care homes struggled the most to answer this question – with only 22 out of 100 providing a good, comprehensive answer, in which they mentioned without prompting any formal and continuous quality monitoring processes undertaken by the home, and/or resident or family involvement in running the home.
- The majority of care homes – 62 of them – referred to feedback from residents, relatives and/or staff, and the CQC rating as the main methods they used to assess their own quality. Twelve homes could not point to any ways in which they measured their own quality.
- Although asked about how they (the care home) know that they are delivering good quality care (i.e. through continuous quality monitoring and feedback), care homes appeared to interpret this question as how could the caller find out whether the home was delivering good care. The answers were thus biased towards reviews from residents, families and others – particularly the carehome.co.uk website – rather than more formal processes.

Does who answers the phone make a difference?

- In 75 out of 100 calls, we knew the job title of the person answering the call.
 - In 60 cases, this was somebody in a managerial role – either a manager, deputy manager, training manager or owner
 - In 10 cases, this was an administrator or office manager
 - In 4 cases, this was somebody in a care role – either a carer or senior carer
 - In one case, the caller spoke to a customer services co-ordinator (this was a care home that was run by a large provider chain)
- We found that managers and the customer services co-ordinator tended to give the best answers – giving, on average, 2 good answers out of 5. However, we also spoke to

administrators who gave good answers to 4 or 5 of our questions, and to care home managers who gave no good answers, so there is no hard and fast rule.

Does the CQC rating of the home make a difference?

- Slightly – inadequate care homes tended to give higher numbers of 'bad' answers to questions posed by the caller, while outstanding care homes gave no bad answers. However, this willingness and ability to communicate well is more likely a cause of their favourable rating by CQC rather than a result of it.

