

CQC Regulatory fees for 2017/18

Member Consultation



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National Care Association is the most respected independent voice of independent health and social care providers in the country. Our primary membership consists of small and medium sized care providers and supply partners who work with them. The association is the most established of the provider organisations having been founded in 1980. We work, on behalf of our membership, with local and national government to promote quality care services to some of the most vulnerable members of our society.



Nadra Ahmed OBE
Executive Chairman

Introduction

The Treasury's is requiring CQC to recover their chargeable costs in full from providers. Last year their proposal outlined plans that care homes would be required to meet the full cost recovery over a two-year period. The proposed fee increase for care homes is 3.7% and for home care providers 60.1%.

CQC are currently consulting about changes to the fees schemes and have invited feedback from providers. The consultation closes on Wednesday 11th January 2017.

The National Care Association is determined that our members' voice is heard. We asked providers to respond to four questions by the 25th November 2016, with the intention of preparing a response of members concerns on the final fees scheme, to feed into CQC's consultation.

The responses from the consultation are enclosed.

Twenty-three care homes responded to the survey. Of those responding 78.3% said they could not afford the 3.7% fee increase, with 21.7% able to afford the increase.

Residential care homes

What percentage increase have you received on fees from your local authority for 2017/18?

65.2% had not have a fee increase
17.4% had a 1% increase
8.7% has a 2% increase
8.7% had a 3% increase

What is the likely impact on your business of the 3.7% fee increase?

- With all the increases that we are experiencing and the lack of funding by the government and local authorities. Another increase of this amount will only take away luxuries from the residents
- Every increase on any costs at present is a huge challenge for us to remain viable given increased staffing costs and no or little increase in fees after years of 0% inflation
- No increase is welcome especially from small providers similar to us.
- Making it even more difficult to provide high quality service with limited resources
- It will have a great impact on our business
- It will cause a reduction in front line care
- Additional cost to funders
- The increase of fees will have an impact and will force cuts elsewhere
- Devastating because of the addition other costs i.e. pension and living wage increases year on year to 2020
- It will have a significant effect as we operate on minimum residents 6 residents in 10 bedded unit
- Significant - it will need to be funded through diverting money from our latest costs i.e. staffing hence reducing staffing levels.
- Significant
- Compared to the NLW which is a potential 6% increase on payroll which is 60% of my costs it is small BUT it demonstrates a complete lack of understanding of the pressures on our sector
- It will be hard
- Increase in year-end deficit
- It's just going to drive us closer to closing
- Increase in service user fee
- Strong consideration to close our doors.
- Above Fee inflation increase, so less money to spend else where
- Huge Impact
- Will take monies that would be used for quality care
- No increases from SS for 7 years and from NHS 3years we don't have spare cash
- Further cuts, less expenditure on the home environment more budgeting on food/cleaning/general expenses including staff.

Is CQC value for money?

No – 87%

Yes – 13%

Other Comments on whether CQC are value for money

- We are a 17 bed company CQC charge the same as a 20 bed unit. They should charge Per Bed.
- CQC carry out an inspection and they will give no indication of the outcome at the time and we are still waiting nearly 4 weeks later for the report. What if they then tell us we are not up to standard so for 4 weeks we have been carrying on our business but not up to standard?
- I have been doing this for 30 years and CQC standards have continued to go down over this period
- CQC do not support the small business there are no tools to help with compliance i.e. templates and forms to give you a good idea on how they would like things presented I think there should be localised training offered as this is usually London etc and has cost implications of travel and sometimes accommodation as well as fees to attend conferences
- The CQC is just another cost implication for the private providers. Why all this duplication, Local Authorities are already conducting quality audits to establish contractual compliance, why then do we need the CQC. Too many inspectors are conducting inspections in nursing homes who are not nurses, the system is far too subjective. The CQC is not making any lasting improvements they are only superficial!
- No. Different inspectors make different judgements. Inspection process and judgement should be consistent against specific criteria. Only see CQC at inspections or conferences. CQC is only interested in defending its perspective.
- I pay an annual registration charge and would therefore expect to see them at least annually. There is too much subjectivity in what they do and therefore the system is failing
- They cause a lot of disruption. Some of them are quite clueless
- Don't know - how can we comment on that?
- We already get inspection every six month and there is no need for CQC inspection. They should focus on NHS and dentists. Waste of money and time to have too many unnecessary inspections. What are we trying to prove?
- They are a large unproductive quango.
 - They are not consistent with inspections. GP surgeries are considered to be Good when you can't see GP for weeks yet Care Homes have to always be at the sharp edge of delivery otherwise we are punished.
 - The inspection process is driven by subjective opinion and by a scientific method. CQC are driving good providers out of business not identifying those that should be closed down.
 - The structure is top heavy and not worth the money it costs. The money should be ploughed back into social care at Local Authority Level. Let Local Authorities do the Quality Auditing because there is a dual system anyway. They have to do contract monitoring why not combine the resources and costs. GET RID OF CQC!
- It's expensive
- Only once a year visit, for a not fit for purpose service that has no justice in the inspection system. The CQC pays vast sums of £300 a day to what they term as bank staff similar to agency staff (the dept. health condemn the use of this type of nursing and doctor staffing in hospitals, acknowledging that is a waste of resources, but the CQC does not accept this). They also give interest free loans to new inspector staff and others up to £10,000 wasting further money
- We have far too many inspectors telling us how it should be done but if you look at SS and NHS they don't know how to deliver care at affordable cost.

Home Care – one response

What is the likely impact on your business of the 60.1% fee increase?

Piling on more financial pressure on very stretched services

Are you able to afford this increase?

Yes

What percentage increase have you received on fees from your local authority for 2017/18?

0%

Is the CQC value for money?

No. Never seen them in two years and spend more time speaking to local safeguard teams on regulatory issues/advice. They have been helpful when we have required their advice but that has been few and far between.

Conclusion

Small providers are no longer able to absorb any cost increases as a result of fees not being increased. In order to remain solvent additional costs will reluctantly impact on the quality of the lives of residents in terms of staffing reductions, and life enhancing items and activities.

Providers are struggling with an increase in compliance monitoring from Local Authorities (LA) and Clinical Commissioning Groups (CCG) this is an extra burden on top of CQC inspections, however providers suggest compliance monitoring by LA and CCGs is more relevant, than CQC.

CQC is not value for money, they are commissioned by providers through the fees to monitor quality and provide service differentiation through quality. As a result of some providers not receiving annual inspections, but LA do annual quality monitoring without a fee, would it be better for LA's to undertake CQC's role.

Author
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