

Appendix 4: Care Quality Team Risks and Issues

The risks associated with the creation of the Care Quality Team are;

- The state of the care home market does not see an improvement in quality and identified issues within the sector continue or worsen.
- A “One City approach” does not materialise in practical terms, resulting in A&H and NHS partners working in isolated silos.
- A new team is caught up within the existing system, especially given the capacity issues experienced in some areas.
- An incorrect balance of “delivering the service” vs “providing a checklist”. Over focus on the former could focus resources too heavily on supporting care homes in crisis. This risks getting those homes up to requires improvement rather than moving requires improvement homes to Good. Alternatively, over focus on the latter could result in an approach that is no different to CQC and therefore have little impact on current status.
- Balancing reactive work with failing care homes with pro-active work to keep quality high.
- Inability to recruit to the new posts.
- Registered Managers who are already delivering high quality, good rated care are those who engage, rather than those for whom their development is a priority to move their care homes from delivering care that requires improvement to high quality, good rated care.

The risks will be mitigated against by;

- Putting in place a Care Quality Team that delivers against its primary business requirements as set out in this report.
- Ensuring that the new team are clear on their purpose and primary business requirements and can explain to all stakeholders how they differ from existing models of support.
- Ensure that people are recruited with the right knowledge, skills and experience to deliver the right mix of hands on practical support as well as other elements of advice and training as appropriate.
- Ensuring that job descriptions and salary expectations are cross-referenced with existing posts that have the skill sets needed. Should clinical posts be identified for the team, options for funding such posts will be considered to enable an effective recruitment process, for example, being able to offer NHS terms and conditions and clinical supervision.
- Work closely with others to ensure that intelligence is used to proactively target care homes to work with as priority.
- Prioritise the development of trusted relationships to foster open and honest discussion about what needs to be done.
- Work in a strength based way with care home providers to deliver positive changes that make an impact.
- Considering incentive options to encourage engagement by care homes owners/directors and their registered managers.