

Dominic O'Brien,
Principal Scrutiny
Officer

020 8489 5896

dominic.obrien@haringey.gov.uk

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To: All Members of the Adults & Health Scrutiny Panel

Dear Member,

Adults & Health Scrutiny Panel - Monday, 9th February, 2026

I attach a copy of the following reports for the above-mentioned meeting which were not available at the time of collation of the agenda:

8. QUALITY ASSURANCE/CQC OVERVIEW (PAGES 1 - 8)

To provide details of recent quality assurance activity carried out in Haringey.

Report to follow

Yours sincerely

Dominic O'Brien,
Principal Scrutiny Officer

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Report for:	Adults and Health Scrutiny Panel
Title:	Overview of Quality Assurance within the Adult Social Care Provider Market for Haringey residents (December 2024 – December 2025)
Report authorised by:	Becky Cribb, Head of Commissioning and Resident Finances
Lead Officer:	Richmond Kessie, Commissioning and Quality Assurance Officer, London Borough of Haringey
Ward affected:	N/A
Report for Key / Non-Key Decision:	Report for Information

1. Describe the issue under consideration

- 1.1. This report provides the Adults & Health Scrutiny Panel with the annual overview of the quality, safety and resilience of adult social care services supporting Haringey residents between December 2024 and December 2025. It summarises outcomes from Care Quality Commission (CQC) inspections, Council-led quality assurance (QA) activity, and implementation progress against Haringey's Quality Assurance and Contract Management (QACM) Framework.
- 1.2. The report has been strengthened this year to give clearer strategic context and transparency. It explains what has changed since last year (including an increase in not-yet-rated services), how we identify and manage risk (including high-risk providers), and how we mitigate the impact of reduced national inspection activity.
- 1.3. The provider market continues to face significant financial pressures, driven by inflation and increases to the National Living Wage. Through our annual fee review process, we have applied fair inflationary uplifts within available resources; however, national funding constraints mean these cannot fully offset underlying cost pressures. We therefore continue to work closely with providers to support market stability and progression towards a fair cost of care.
- 1.4. We have also invested in relationships and communication with the market. Monthly Provider Forums remain well attended and in-person provider events have been re-introduced to support collaboration, problem solving and continuous improvement.

2. Recommendations

- 2.1. The Adults & Health Scrutiny Panel is asked to note the information in this report and provide any comments or feedback on the Council's work to quality assure adult social care services in Haringey.

3. Background Information

3.1. Local Authorities' Role in Adult Social Care Provider Quality Assurance

Local authorities have a statutory duty under the Care Act 2014 to secure a stable, sustainable market that delivers safe, person-centred care. Councils work with providers to monitor and improve quality, respond to concerns, and coordinate with partners, including the CQC and the Integrated Care Board (ICB). Through this QA function, we help protect vulnerable adults, reduce risks and maintain public confidence in local care services.

3.2. Haringey's Adult Social Care Market

In the 12 months to December 2025, Haringey supported 5,348 residents and commissioned services from just over 220 CQC-registered providers (around 28% in-borough), compared with roughly 250 in the prior year. As host authority, Haringey oversees 97 registered providers, up by 11 year-on-year; 33 (34%) of these are not yet rated, reflecting new registrations and ownership-related re-registrations.

Table 1: Commissioned provider locations and CQC ratings (Dec 2024–Dec 2025)

(Numbers represent individual registered locations)

Provider group	Total providers	Good or Outstanding	Improvement or Inadequate	Not yet rated
In-borough: All	97	59 (61.8%)	5 (5.1%)	33 (34.0%)
In-borough: Commissioned by LBH	53	44 (83.0%)	5 (9.4%)	4 (7.5%)
Out of borough: Commissioned by LBH	246	218 (88.6%)	19 (7.7%)	9 (3.7%)

In-borough market-borough market

Oversight of 97 registered providers represents an 11-provider increase on the previous 12 months. The proportion of not-yet-rated services (34%) has risen (increase of 10 services) due to new entrants and changes of ownership. We mitigate this risk through commissioning controls: no new placements with unrated services and minimal placements with lower-rated providers (currently five placements, 9.4%). Four placements are with services that became unrated after ownership changes; all were rated Good or above at the point of placement. Although more providers are registered in-borough, we commission from nine fewer in-borough locations overall, reflecting capacity/activity changes rather than market exit.

Out of borough placements-of-borough placements

Of the Out-of-borough placements:

- 88.6% are with providers rated Good or Outstanding, an increase of 5.6 percentage points compared with the previous year.
- 3.7% are with providers that are not yet rated, a small increase due to the overall rise in the number of placements.
- 7.7% are with providers rated Requires Improvement or Inadequate, although the total number of these placements has reduced compared with the previous year (19 compared with 26).

Managing quality and risk

Placements with lower rated or unrated providers only occur when:

- This reflects a resident's choice, or
- A provider's CQC rating changes after a placement is made.

In all such cases, the Quality Assurance team carries out additional safeguarding and welfare checks to ensure that residents remain safe and well supported.

3.3. *New and closed services*

New services

Since December 2024, 11 new domiciliary (home care) agencies have registered in Haringey. This continues the expansion of home-based care in the borough and is higher than the eight new services registered in the previous 12-month period.

No new care homes registered in Haringey during this time. This suggests that the local residential care market has not grown over the past year.

Closed services

There were no closures of Haringey-registered providers in the last 12 months. This is an improvement on the previous year, when three services closed.

Out-of-borough service changes

During the last year, three out-of-borough providers supporting Haringey residents were taken over by new organisations due to financial difficulties. The Council's Quality Assurance, Commissioning and Care Management teams supported the transfer of residents' care to the new providers. This included ensuring proper TUPE arrangements (the legal process that protects staff employment rights when services transfer), helping to maintain continuity of care and minimise disruption for residents.

3.4. *Providers requiring quality assurance intervention - active casework.*

We actively monitor provider quality and step in when services need extra support or oversight.

What "high risk" means

In this report, "high risk" refers to providers where we have significant concerns

about quality or safety based on inspections, our own monitoring, or information from partners. These providers receive enhanced oversight and support until concerns are resolved.

Current picture

- We are currently working with 16 providers that we have assessed as high risk.
- Most of these cases follow a recent Care Quality Commission (CQC) rating below Good.
- These providers include both home-care (domiciliary) agencies and residential services.
- One service is inactive (not currently operating).

Who leads the intervention

- For providers based in Haringey, the Council's Quality Assurance (QA) team leads the work, working closely with the Integrated Care Board (ICB), the CQC, and (where relevant) other councils.
- For out-of-borough providers, the host local authority leads, and Haringey contributes to their processes-of-borough providers, the host local authority leads, and Haringey contributes to their processes.
- Where appropriate, we recommend CQC reinspection once improvements have been made. We have done so in the last 12 months for two in-borough services.-inspection once improvements have been made. We have done so-borough services.

How we protect residents while improvements are made

- We pause new placements with affected providers while issues are addressed.
- We agree improvement plans with clear actions and timescales.
- The QA and care management teams carry out additional assurance and welfare visits.
- We liaise with partners (ICB, CQC and host local authorities) to coordinate action and avoid duplication.
- If safeguarding concerns are raised, we follow the statutory processes led by the appropriate agencies.
- We work to maintain continuity of care and minimise disruption for residents, keeping people and families informed as appropriate.

Progress and outcomes

- In the past 12 months, we have helped several services complete improvements. Some are now awaiting CQC re-inspection.
- One out-of-borough service supported by our QA team has improved its CQC rating to Good following re-inspection

In addition to the high-risk group, we are also supporting a further four providers that require targeted intervention and monitoring

Transparency and privacy

To protect residents' privacy and ensure fairness to providers while actions are in progress, we do not publish case level details in public reports. Detailed provider information is held in internal records and shared with partners where appropriate.

3.5. CQC Inspections

Inspection activity in the last 12 months

In the past year, three Haringey services were inspected (down from seven last year): one domiciliary care agency and one care home were downgraded from Good to Requires Improvement; one care home retained its Good rating.

Table 4: CQC Inspection Outcomes in the last 12 months

	Outstanding	Good	Requires improvement	Inadequate	Total
Community based	0	0	1	0	1
Care homes	0	1	1	0	2
Total	0	1	2	0	3

When a service is rated Requires Improvement, we increase our oversight and agree a clear improvement plan with the provider. We pause new placements where needed and carry out extra checks to make sure residents remain safe and well supported.

Why inspection numbers are lower and what we're doing

Inspection activity has been slower nationally in recent years, due to backlogs and changes to the CQC's inspection approach. To make sure local risks are still identified and addressed:

- The Quality Assurance (QA) Team reviewed inspection histories for Haringey services and raised concerns about the low inspection frequency for some providers.
- The Chair of the Haringey Safeguarding Adults Board (HSAB) formally escalated these concerns to the CQC, asking how inspections would be prioritised and what interim safeguards would be in place.
- The CQC has indicated that it is prioritising inspections for Not Yet Rated providers, services last inspected more than five years ago, and those rated Requires Improvement.

- The HSAB Quality Assurance Subgroup will continue to oversee progress, and the Council will keep monitoring providers between inspections.

Joint working to prioritise risk

We meet quarterly with the CQC, the Integrated Care Board (ICB), Care Management, and Safeguarding teams to share intelligence on provider risks. This helps:

- Spot issues early and coordinate action.
- Inform CQC scheduling, so that services of concern can be prioritised for inspection.
- Ensure that resident safety and continuity of care remain central to decisions.

As part of this joint working, two providers identified through the forum were prioritised for CQC inspection and subsequently received downgraded ratings, prompting improvement plans and enhanced monitoring.

Our approach if a rating falls

If a provider is rated Requires Improvement or lower, we will:

- Pause new placements with that service where appropriate.
- Put in place a clear improvement plan with timescales.
- Carry out additional assurance and welfare visits.
- Work with partners (CQC, ICB, and other councils) to monitor progress.
- Request reinspection when improvements have been made.

3.6. *Employer Sponsorship License.*

Some care providers use the Employer Sponsorship Licence scheme to recruit care staff. Some providers use the Employer Sponsorship Licence scheme to recruit staff from overseas, supporting workforce sustainability. Non-compliance can lead to suspension or revocation, affecting staffing and service stability. We monitor this closely to protect residents and ensure continuity of care.

In the past 12 months, no Haringey-registered providers, and no out-of-borough providers supporting Haringey residents, had sponsorship licences suspended or revoked. This is an improvement on the previous year, when three providers (not all in Haringey) experienced suspensions or revocations. The QA Team receives weekly UKVI updates and acts immediately where relevant providers are flagged, including assurance visits, checks on staffing and continuity, and pausing new placements until risks are managed.

3.7. *LB Haringey Quality Assurance and Contract Monitoring (QACM) Framework - Update*

Since its introduction in November 2023, the QACM Framework has established clearer, more consistent oversight: a Case Management System referrals route to flag concerns; a QACM Board to review issues and track actions; regular contract

management meetings for block providers; and structured workbooks, dashboards and in-person visits enabling earlier and targeted intervention.

Work continues to embed the framework and drive continuous improvement. Current developments include: enhanced reporting and data in our Case Management System for earlier risk identification; closer QA Team and Safeguarding Team integration for quick, consistent escalation; expanding the number of services with formal contract management; and co-produced feedback questions so residents and families directly shape our understanding of quality.

Collectively, these changes support faster responses to concerns, stronger oversight, greater consistency across teams and a sustained focus on safety, quality and resident experience. Overall, the QACM Framework is ensuring clearer, more coordinated and more transparent monitoring with residents' wellbeing at the centre.

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