

**LANCASHIRE COUNTYWIDE RESIDENTIAL, DOMICILIARY AND NURSING  
CARE PROVIDER FORUM**

**29<sup>th</sup> April 2026 1-4pm**

**Savoy Suite 1/Council Chamber, County Hall, Preston**

**Chair: Katie Barnes**

**Note taker: Adam Livermore, Commissioning Support Officer, Lancashire  
County Council**

| Item                         | Notes and Actions  |
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| 1) Welcome and Introductions | Katie Barnes welcomed everyone to the forum.   |
| 2) Money Carer Foundation    | <p>Jess Holder, Natalie Harris, and Ryan from Money Carer Foundation shared a presentation. It will be included in the minutes. Money Carer Foundation is a social enterprise based in Warrington. They are one of the largest providers of appointeeships in the UK, supporting around 150 local authorities and around 300 care providers. There are three dedicated staff members for the Lancashire region, including Ryan. They are hoping to offer a variety of contact options including face-to-face meetings.</p> <p>They are often asked how the Lancashire partnership is paid for. Money Carer Foundation take contributions directly from clients. However, if that person is funded by LCC, they will take it from the offset, so it is technically free to the client.</p> <p>All the technology they use is based around known need and feedback from councils and providers, and they have an in-house team to update the system. Their systems are fully encrypted to protect personal data. They can also provide training on how to navigate these systems.</p> <p>KB raised that there had been a misconception around how much Money Carer would cost for individuals. If someone is not funded through LCC they would have to pay, and it is a lot of money for someone in residential care. She also raised that residential homes have high turnover, and if a nominated individual leaves an organisation, it causes delays for people accessing their money. She suggested the care home should be named rather than individual managers.</p> |



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|  | <p>Question (Q): Is Money Carer for personal spend or residential fees. Answer (A): It is for all monies, and they would ensure that the care home was paid.</p> <p>Sumaiya Sufi confirmed that LCC still has a Financial Safeguarding Team though they had to look at other options due to the number of referrals they were getting. LCC will look at some referrals themselves.</p> <p>Q: How does money carer work if someone does not have family and they lack capacity? A: Requesting evidence is built into the referral forms, and the home should put as much evidence as possible into the portal.</p> <p>Q: What happens if someone doesn't have DWP income? A: If someone is not entitled to benefits, Money Carer cannot become the appointee, and they would need a deputyship. However, if someone is eligible, they could help them to apply for benefits.</p> <p>Someone raised that someone at their home gets blocked for being rude when she calls Money Carer, but she needs support because she has no mental capacity. Jess raised that staff report when they receive abuse and can request that contact comes via the care provider. However, she would need to investigate any individual cases. Natalie added that Money Carer have a responsibility to protect their staff.</p> <p>One attendee raised a positive experience of Money Carer, as they had helped residents to access bank cards when they had previously been unable to.</p> |
| <p>3) Care Quality Commission (Gavin Bainbridge)</p> | <p>Gavin Bainbridge introduced himself as the Operations Manager for the Lancashire and South Cumbria area. He was interested in attending to build bridges with local providers. He gave a presentation which will be included in the minutes.</p> <p>Regulation 9a was brought in around 2024 due to issues during Covid, where families could not visit people, and CQC was asked how they would assure visiting rights post-pandemic. The regulation sets out peoples' rights to be visited and to visit loved ones. Further, it enshrines that people attending hospital, for stays that are not overnight, can be supported by a family member or an advocate. Providers should have a network to support people who want someone to attend a hospital stay. There are some exemptions, provided in the slides.</p>  |

Requirements for the regulation are also provided in the slides.

CQC will ask about visits and Regulation 9a when inspecting, though they will take potential ramifications of outbreaks into account when inspecting, and there should be a balanced approach.

Gavin gave an update on the organisation structure of CQC. The CEO position is currently vacant. They have recently returned to having chief inspectors, and there are four in post. Chris Badger is the Chief Inspector for Adult social care. The full structure is included in the slides.

There are two teams dealing with services in Lancashire due to the size of the footprint. They are moving to a duty rota system in the next couple of weeks, and requests from CQC will come from a smaller more consistent group of people. This will allow CQC to build up more of a relationship with providers, and vice-versa, and will allow CQC to identify any trends or themes across their blueprint.

Q: Is the provider portal fully up and running, as there are still managers who cannot get access. A: It should be functional, but there are still intermittent issues. Please contact the portal queries email if there are any problems. Gavin stated that CQC have a registrations manager who could attend a future forum.

Q: Is there an update on the assessment framework, are inspectors using it. A: There is an ongoing consultation to review every aspect of the framework, but it will be August before any new assessments are distributed.

Q: Will CQC return to the Main Inspectors model, as having a contact was useful for care homes. A: The official answer is not yet, but there is a lot of support of it and it is being trialled in some areas.

Q: Expectations and costs for providers feel like they are rising. What are CQC doing to support the sector to remain sustainable. A: CQC are currently reviewing the assessment framework. Locally, they are aligning with what the sector needs. There is a care report every year, and they are doing more inspections. They completed more in April 2026 than any other month. However, they

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|                | <p>agree that the fees are not sustainable for workforce wellbeing and are feeding that back to authorities.</p> <p>Katie Barnes raised that there has been an increase in safeguarding being compromised due to ongoing unsustainability issues, as well as compromises in other areas to retain staffing structures. Gavin stated that CQC had anecdotal evidence from other working groups that activities had been scaled back or cut. Another provider raised that they do lose business due to the length of time between inspections, but were heartened that the issues were being fed back to the government. Gavin advised providers to be as candid as possible during inspections about the challenges they are facing.</p> <p>A provider challenged that CQC should be interested in financial viability of care locations as there is a risk to residents. Gavin answered that the lack of focus on finance is more due to avoiding individual inspectors having conversations they can't influence. Clare Mattinson suggested that CQC could help shape the national voice about finances, as everyone wants to ensure people have the best support they can, and LCC would be happy to include CQC in any working groups going forwards. Gavin agreed to take the suggestion back to CQC as feedback from the forum.</p> <p>Q: My home has been told by a fire assessor and have been told the doors need to be certified, but Lancashire fire and rescue have said they are safe. What would be the CQC position. A: Anyone can set up as a fire assessor, and some are better than others so providers must be discerning when engaging someone. Those regulations will be tightened soon. CQC would consider fire safety and would be likely to take the fire service's assessment into account. They would ask any questions they had to the fire service as they are the experts. They also have some lessons learned from a Fire Assessor, which they will be sharing.</p> |
| 4) LCC Updates | <p><b><u>Infection Prevention and Control</u></b></p> <p>Sarah and Sonia are from the Infection Prevention and Control (IPC) Service. They gave a presentation which will be included with the minutes.</p> <p>The IPC service is there to provide support and advice to care homes, not to be regulatory. Audits can often show an incorrect picture of how IPC is done day-to-day, as</p>  |

people can put on their best behaviour or panic. Staff shortages or high levels of outbreak can be big challenges and affect outcomes. Sarah and Sonia encouraged providers to think about their IPC workforce strategy. They also encourage having IPC champions who understand the role, responsibilities and challenges, and who can cascade guidance to the rest of the staff.

### **Care Navigation (Denis Greenwood)**

Denis Greenwood introduced himself as the manager of the Care Navigation team. Care Navigation is a brokerage service, managing all referrals for people who need a care home placement in Lancashire through their Ebrokerage system. All care navigation is going through Ebrokerage, so please sign up if you have not already. They have seen increases in referrals for those under 55 or who have complex needs, and there are some gaps in the market. There is also a gap in the market for Nursing Dementia as LCC are struggling to source affordable options across the county.

Care Navigation are getting around 700 referrals per month. Ebrokerage has been live for care homes for 5 months and LCC are seeking feedback on options to select when packages are rejected on either side. They are also doing some work around inappropriate referrals, and cleansing the data taken from CQC to source specialisms. In the next phase, they are considering further splitting out providers in the next phase, so that more referrals are appropriate e.g. if there is a referral for male-only units, it will only be sent to male-only units. Please do continue to engage with Ebrokerage, and please continue to update the care capacity tracker as it is the best way for LCC to keep track of capacity in the market, especially in emergency situations.

Care Navigation need the enhanced observation forms for any one-to-one requests so that packages can go through the funding approval process. The more information and the more data the better. Please do keep contacting Care Navigation if more information is required on a case or with feedback. There was recently an issue around awarding packages, which should hopefully be resolved and there should be fewer packages awaiting decisions going forwards. However, there is currently a backlog of packages in that stage due to off-system inputs.

Some providers have said that they are not seeing the same activity as before the Ebrokerage system was introduced. However, the data demonstrates that this is due to the person's choice in most situations, and Ebrokerage has allowed LCC to offer more options to people.

One provider in East Lancashire raised that they had only been receiving one referral per week. Some of those referrals had been for 19-25-year-olds, and they were not able to accept them due to a CQC restriction. The communication has been poor and calls and emails to LCC often don't receive responses, unless LCC want to get in contact themselves. Sumaiya Sufi stated that LCC were aware of an issue earlier on this year, but it has been resolved. However, she agreed to investigate. Clare Mattinson asked if the room at large still have lots of packages awaiting responses, and most attendees confirmed they were. Denis confirmed that LCC have improved the process. However, there can be delays due to multiple decisions including those from the ICB. Sumaiya added that there are multiple built-in quality assurance processes, and they cannot award the case until it has been discussed at internal forums. However, LCC will be going back and reviewing the process again. The Care Navigation team are also at the front-end of demand and are under continued pressure. Denis added that LCC are now trying to communicate referral outcomes via the Ebrokerage system. Clare Mattinson stated that LCC need to ask questions about communication issues when they send out a survey for feedback. She added that LCC are currently investing heavily in their brokerage system, and they will have their fully improved care brokerage service in place by September, building on the work done in the past.

Clare Mattinson asked if providers in the East are having more issues. Sumaiya added that all the contact she's had in the last few months has been East Lancashire providers having issues. However, some providers from the central districts updated that they are also having a lot of issues.

One provider raised that they are getting referrals with the wrong area of care on them. SS advised that in those situations LCC can take the issue back to the social worker filling out the referral.

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|   | <p>One person raised that they are getting fewer inappropriate referrals.</p> <p><b><u>Contract Management and Quality Improvement (Susan Shannon and team 'THRIVE')</u></b></p> <p>Susan Shannon introduced the team and complimented the good work going on everyday in care homes. They gave a presentation on older people and thriving in care homes, which will be included with the minutes.</p> <p>The My Home Life research is linked in the slides. "Thriving" is fundamentally a way of talking and thinking about every day in care homes. The project started twelve months ago, and there have been training days in care homes as well as activity awareness weeks. They have produced a short report which will be included with the notes.</p> <p>The team asked providers to think about their care home, and to jot down some ideas of how people could be supported to thrive on the cards that were handed out. Suggestions included activities involving family members, engaging with families from pre-admission, managers clinics, formal partnerships with local institutions, help with bus passes and travel, and residents' meetings</p> |
| 5) Integrated Care Board  | The ICB are currently having issues around nursing assessments due to staffing issues and their annual uplift decision has yet to be concluded.   |
| 6) Chair Facilitates Discussion – Good Practice/Innovative Interventions/ Initiative/ Reflections/ Learning | <p>Katie Barnes thanked everyone for coming, and asked providers to share good news stories that can be part of the LCC newsletter. She also asked providers to let her know if there was a particular person or service they would like to hear from, or if there was anything that they felt the forum was not delivering on.</p> <p>There was a request for refreshments at any future forum.</p>  |
| 7) Any other business   | Sumaiya Sufi shared that two Lessons Learned documents have been sent out via Contract Management. There have been three fires in care home settings in the last year, and fire safety continues to be a significant area of concern. Please make sure you are aware of regulations, stay vigilant, and ask for advice where needed. There was also an incident around manual handling.   |

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|  | <p>There has been a change to the coroner's process. Police may attend a death at a care home but may not refer it to the coroner. Care Homes may have to contact the residents' preferred funeral director. If there is a case where a resident cannot afford a funeral, providers must contract the relevant district council.</p> <p>LCC are changing the way they fund Short Term Beds and as of the 4<sup>th</sup> of May they will be removing the end dates. Homes will continue to be paid but there will be a shared responsibility around ending the CPLI. Please inform LCC when someone is no longer in the home in a timely manner.</p> <p>Sumaiya thanked providers for the monthly data returns. LCC have done some analysis on the returns from last year and identified areas for follow up this coming year.</p> <p>There were queries raised around where providers feel audits are not relevant. LCC will be reviewing those audits.</p> <p>There was also a review around resident on staff and on resident incidents. Issues were not common but were persistent, often linked to dementia and behavioural complexity. There will be an increased focus on training compliance for new starters as better oversight is needed.</p> |
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