

Competition and Markets Authority Care and Nursing Homes Market Study – Statement of Scope



Submitted by MHA

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Who is MHA?

MHA is an award-winning charity providing care, accommodation and support services for older people throughout Britain. We are one of the most well-respected care providers in the sector and amongst the largest charities in Britain, providing services to older people for more than 70 years. We want to tackle isolation and loneliness among older people by connecting older people in communities that care.

MHA delivers a range of high quality services to 17,000 individuals:

- 4,350 older people living in 84 care homes - residential, nursing and specialist dementia care
- 2,500 older people living independently in 72 retirement living communities with flexible support and personalised care, with a further ten sites in development
- 10,000 older people supported through 66 Live at Home services in the community.

Our services are delivered by 7,000 dedicated staff and enhanced by the commitment of 5,500 volunteers.

MHA recognises that loneliness is an increasing challenge that affects many of us as we age and it is manifested physically, emotionally and spiritually. Our ambition is to ensure that every older person can be connected within a community of their choice so they can live an independent and fulfilled later life as they age.

MHA is pleased to respond with comments on the draft Statement of Scope for the Care and Nursing Homes Study.

Key points

- While the scope of the study reference care homes and nursing homes, it is important to recognise the provision of dementia care homes – both nursing and residential because they offer a more specialised service.
- The scope references key pressures for care home providers that affect long term sustainability such as changes in costs and regulation. These are definitely important but the study also has to have regard to the wider picture of securing long term investment as part of financial sustainability, resource pressures such as recruiting and retaining the best staff and the ongoing issue of current levels of state funding through Local Authorities (LAs) and Clinical Commissioning Groups (CCGs).
- The study provides an opportunity to really understand the very variable approaches in commissioning and funding across the country by LAs and CCGs, which can result in a

postcode lottery for older people needing access to care homes who are reliant on state funding.

- The CQC has market oversight for the largest providers and they have raised concerns about the number of small providers closing down, for which they do not have market oversight. While LAs have responsibility for small providers in their area, there is no single organisation with a national oversight responsibility for small providers. This could potentially affect the market for customers.
- Whilst the CQC has market oversight for large providers (due to the experience of the demise of Southern Cross), this might be management of the wrong risk. To illustrate, if a large provider like MHA, with 80+ care homes across England, Scotland and Wales, was to cease operating the actual impact on individual LA areas would be relatively small as our homes are spread across a large number of LAs. However if a small provider in one LA area has two or three care homes with maybe a total of 200 places, this would put greater pressure on that LA to find replacement places and would seriously impact on the market for consumers.