

PART 1 - PUBLIC

Decision Maker: **Adult and Community Services Performance Development and Scrutiny Committee**

Date: 24th February 2010

Decision Type: Non-Urgent Non-Executive Non-Key

Title: **QUALITY MONITORING IN CARE HOMES**

Contact Officer: Wendy Norman, Strategic Manager, Procurement and Contract Compliance
Tel: 020 8313 4212 E-mail: wendy.norman@bromley.gov.uk

Chief Officer: Terry Rich, Director of Adult and Community Services

Ward: Boroughwide

1. Reason for report

This report informs Members of the work undertaken to monitor the quality of service provided in residential and nursing homes for Adults in the borough.

2. **RECOMMENDATION(S)**

- 2.1 Members are asked to note and comment on this report.
- 2.2 Members are asked to endorse the principle that new placements are only made in one star homes if the service user wishes to exercise choice.
- 2.3 Members are asked to note and endorse the enhanced review activity which is employed where residents are living in a nil or one star home.

Corporate Policy

1. Policy Status: Existing policy.
 2. BBB Priority: Excellent Council.
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Financial

1. Cost of proposal: No cost
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: 824, 819, 821,818
 4. Total current budget for this head: £26m
 5. Source of funding: L.B.Bromley Adult and Community Service Budgets
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Staff

1. Number of staff (current and additional): n/a
 2. If from existing staff resources, number of staff hours: n/a
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Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Call-in is not applicable.
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 1000
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments:

3. COMMENTARY

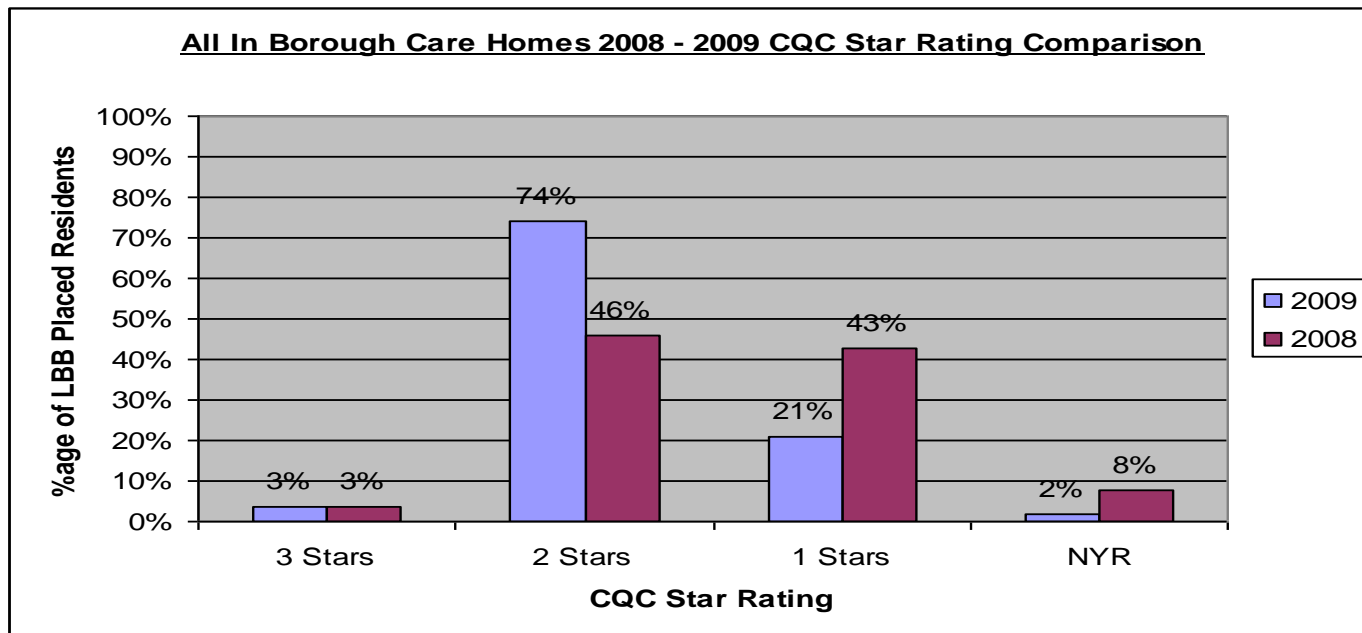
- 3.1 PDS committee receives regular updates covering the arrangements for monitoring contracts with care homes for older people. This report also includes an update on progress made to raise standards in homes for people with Learning Disabilities, Mental Health problems and Physical Disabilities within the borough.
- 3.2 The Council places on average 300 older people in nursing and residential homes each year. In order to secure best value the Council has a number of block contracts with homes in the Borough, however individuals make their own choice about where they wish to live and consequently the Council has a large number of spot contracts with providers, both in Bromley and in other parts of the country.
- 3.3 The number of new adult placements made is reducing as people opt for independent living options with support in line with the personalisation agenda. Service developments both in accommodation and support have been made for each client group which has helped to achieve these aspirations. There are fewer care homes for adults in Bromley than for older people, meaning that many placements are made out of borough.

The number of permanent placements by client group and contract type are shown in the table below.

Client Group	Spot Contracts	Block Contracts
Older People	581	583
People with Learning Disabilities	295	9 (in house registered service)
People with Mental health problems	79	36 (through access to PCT block contracts)
People with physical disabilities	35	0

- 3.3 Individuals are entitled to move into a home of their choice, however everyone considering a permanent move to residential care is encouraged to consider the Care Quality Commission (CQC, formerly CSCI) ratings of the home and to read the latest reports about individual homes which are available on the CQC public website. A brief description of the standards for each of the star ratings can be found in Appendix 4. The Department's practice is that Care Managers will not make placements in homes rated as nil or one star unless this is a deliberate and informed choice by the service user. The Council undertakes enhanced review activity of residents who are placed in nil or one star homes ensuring that they receive six monthly reviews. Late in 2009 CQC published concerns that some Councils continue to purchase a significant proportion of residential and nursing home care from providers that have been rated "poor" (0 star) or "adequate" (1 star) by CQC. This indicated that in 2008/09 Bromley had made 32% of placements in poor or adequate homes. To set this figure in context the average of the bottom quartile was 38% of placements to poor or adequate and the average of the top quartile was 14% of placements in poor or adequate homes. The Council continues to monitor the star rating of homes in which placements are made.
- 3.4 There has been a significant improvement in ratings of Bromley homes on the position reported previously which is illustrated in the chart below. During 2009/10 the number of one star homes in Bromley has reduced from 22 to 13 and the number of users residing in one star homes has reduced from 286 to 139. The number of older people accommodated in one star

homes includes those in Manorfields and Isard House. Star ratings also take into account the quality of accommodation provided by homes and this cannot be improved in a short time scale. Both of these homes will be closed by 2012 as part of the Council's long term re-provision plan and Care Managers will aim to move residents to homes rated two star and above unless they choose otherwise. The re-provision exercise will reduce the number of older people living in one star homes in Bromley by 75. Further performance information is included in the appendices.



3.5 The CQC star rating system is also used extensively by the Contract Compliance team to inform which areas they focus monitoring activities on. The Council's role in monitoring quality extends to all care homes in the borough, not just those with which it holds a contract. During 2009/10 all homes rated one star have received monitoring visits. These visits constituted 40% of all monitoring visits undertaken. Management information used to monitor performance includes;

- ❖ Safeguarding alerts
- ❖ Complaints
- ❖ Regulation 37 reports (also copied to CQC – reports of death, serious injury, hospital admission, outbreak of disease, medication errors etc.)
- ❖ Information from other stakeholders, eg Care Managers, Carers, Health Professionals
- ❖ Observations made during training courses.
- ❖ Results from customer satisfaction surveys
- ❖ Information supplied by Members, following visits.
- ❖ Regular maintenance and fire safety reports.

- 3.6 Areas of concern raised during monitoring and addressed by homes during 2009 are outlined briefly below.
- ❖ Feedback of poor practice in medication. Followed up by home manager who raised with staff to ensure care practice in these areas is up to standard.
 - ❖ Implemented sensory room to aid stimulation and wellbeing for users with dementia.
 - ❖ Replaced old dining room carpet in EMI unit to improve mealtime environment for residents.
 - ❖ Identified that staff needed palliative care training to improve end of life care. Staff now receiving training via consortium
 - ❖ Poor practice in manual handling observed. Training delivered on site to all staff via consortium. Home appointed a senior member of staff to train others in Moving and Handling. Followed up by monitoring officer and appropriate transfers observed
 - ❖ Implemented electronic care planning. New full time activities coordinator in post providing residents with regular and meaningful stimulation. Action plan put in place to improve continence care
 - ❖ New procedures implemented to manage residents personal allowance more effectively.
 - ❖ A new lounge being created to ease congestion in main lounge to make Service users with dementia more comfortable.
 - ❖ Care planning improvements in response to action plan. Replaced flooring on EMI unit to eradicate offensive odours following feedback from complaints. Now an improved environment for permanent and respite EMI residents
 - ❖ Overdue medication refresher training for Nurses implemented.
 - ❖ New activities co-ordinator has greatly improved residents stimulation. Regular entertainment events. Staff went to great efforts to accommodate a Spanish speaking resident by each learning some Spanish in order to communicate with her. Simple phrases were put on her bedroom door for staff to use.
 - ❖ Improvements made to Business continuity plans to make full evacuations arrangements clearer for staff.
 - ❖ Manual handling improvements made following concerns of poor practice. Member of staff now qualified MH trainer.
- 3.7 The contract compliance officers have developed two questionnaires to be used to assist in the monitoring of out of borough homes. One seeks service user views on the quality of care they are receiving; the other is sent annually to the host local authority in which the home is situated requesting an up to date appraisal of the home's performance.

MEMBER VISITS

- 3.8 At the PDS meeting on June 2nd 2009 Members agreed to include homes for adults within the scope of their visits. Members highlighted the importance of undertaking visits to care homes. A rota for visits has since been circulated to all Members. The Chairman highlighted the importance to visiting homes on days when the manager was available. Members have been provided with a form which prompts comments and observations.

SAFEGUARDING

- 3.9 When safeguarding referrals are made the Care Management teams instigate the Council's safeguarding procedures. Monitoring officers can be involved in safeguarding investigations and always follow up on learning points or action plans at the conclusion of each case. The Council's safeguarding manager meets regularly with a joint agency group of LBB, CQC and Health Commissioners to exchange information and share any concerns about local homes. This ensures that any potential issues are picked up and factored into monitoring and training programmes early.
- 3.10 The Council has received 101 referrals about safeguarding in care homes during 2009/10 to date, 10 of which related to out of borough homes. It is important to note that referrals are not always substantiated upon investigation. Nine referrals related to one star, in borough homes. There have been several referrals made about 3 homes which has resulted in them being closely monitored through the joint agency group.
- 3.11 The number of referrals has increased by 16% compared with the same period in 2008/09. A significant amount of local training and publicity has been invested in safeguarding during the last year and this, along with the high profile cases of safe guarding highlighted in the media may account for the increased number of referrals which were mainly made in the early part of the year. Data analysis shows that 55% of the referrals were related to paid care staff, others being related to problems with family members, or between service users.
- 3.12 The Safeguarding team regularly attend provider forums in order to ensure that providers are kept up to date with changing requirements, such as the changes to the vetting and barring scheme. Providers are now represented on the Adult Safeguarding Board which ensures that provider issues are considered as part of this multi agency approach.
- 3.13 New clauses have been added to all contracts to reflect the strengthened safeguarding arrangements put in place by the Council during 2009.

JOINT WORKING TO IMPROVE STANDARDS

- 3.14 The Council hosts a Provider Forum which works to improve on quality and consistency of care in homes and to promote and share good practice. Membership of the forum is extended to all local care homes and relevant health professionals, for instance the PCT officer responsible for overseeing medication in care homes. The forum has an annual work plan which has concentrated this year on the issues of improving the experience of users being admitted and discharged from hospital, moving and handling, and the provision of activities for people with dementia. In addition to the provider forum there is a joint Council and PCT Health Support to care homes group which focuses on health related support to care homes and particularly on work to avoid hospital admissions.

TRAINING

- 3.15 The Council helps to assist in raising the standards of training for the care homes through offering membership of a training consortium where providers can pool their available training funds and purchase places on training programmes. Courses are run throughout the year to address identified training needs. Bromley Council, as purchasers of social services from the private/ independent sector, are committed to working in partnership with local providers to ensure adequate provision is made for training and that providers can access a comprehensive training programme. The Council will continue to work with providers to ensure that the courses provided are timely and assist providers in balancing the competing demands of delivering care and ensuring that staff are receive both induction and refresher training.

- 3.16 The training courses provided for care home managers and their staff address the National Minimum Standards for registered care services which are issued by the Department of Health as part of the implementation of the Care Standards Act 2000. These standards include requirements about the competence of the workforce including their suitability, experience and qualifications. The overall intention of the Care Standards Act 2000 is to improve the quality of care provided and to ensure that services delivered are what users want.
- 3.17 There are 79 care homes in Bromley. Currently there are 26 members of the care home training consortium. Several members are larger organisations who own more than one home. Analysis of the membership indicated that the consortium members were those owning homes with higher quality ratings. As a response the consortium administrator has made a particular point of encouraging homes with lower ratings to join the consortium in order to ensure access to high quality training for all care home staff. One of these joined during 2009/10 and 2 additional one star homes have committed to join in 2010/11. One third of the one star homes are now members of the consortium, making one star homes 10% of the total membership. Homes that are not members of the consortium are responsible for ensuring that their staff are adequately trained and the monitoring officer follows this up by scrutinising training records.
- 3.18 Within the training programme approximately 32 different courses are currently provided, of which 4 are core training courses; first aid, food hygiene, health and safety and manual handling. The other courses are also valuable learning opportunities for care staff to gain additional skills and knowledge to help them carry out their duties. These include dignity in care, dementia, diet and nutrition, safe administration of medicines and infection control.
- 3.19 During the year additional courses were scheduled to reflect current key issues regarding care homes. These included:
- ❖ a specific course in English used in the Care home scenario,
 - ❖ additional moving and handling courses both delivered on site using the home's own equipment with staff groups training together.
 - ❖ Additional refresher courses in moving and handling focusing on double handed care and helping non compliant clients were also scheduled and were popular with consortium members.
- The programme is regularly updated and reviewed to include training on new legislation such as Mental Capacity Act training and Deprivation of Liberty. The Council also works with the PCT to identify opportunities for joint health and social care training.
- 3.20 Staff attending training courses are expected to complete a test demonstrating that the learning experience has been successful before receiving certification of attendance. The consortium administrator works closely with trainers in order to identify any areas of training which require further attention.
- 3.21 Business continuity planning has been another focus of attention during 2009 and 2 events were held for social care providers at which they were able to test their individual plans out in a pandemic scenario and see how these would fit in with the Council's business continuity and emergency planning arrangements. These have been tested twice during the year due to difficult weather conditions.

DIGNITY IN CARE

- 3.22 In April 2009 the Council, Bromley PCT, Oxleas Trust and Princess Royal University Hospital jointly hosted a Dignity in care conference through Bromley Older People's partnership group. The conference main focus was to share good practice across providers and this was achieved as there was a good attendance from front line practitioners. The conference promoted a "Dignity in Care" award which was open to all Bromley providers. Several entries were received

from Care Homes and the 2009 award, sponsored by Bromley Age Concern was jointly won by a Care Home and a Domiciliary Care Provider.

4. POLICY IMPLICATIONS

National and local policies expect that continuous improvement be achieved in the quality of care delivered in residential and nursing homes serving the local community.

5. LEGAL IMPLICATIONS

- 5.1 Under Section 21 of the National Assistance Act 1948 the Council has a duty to provide or arrange for residential accommodation for persons who by reason of age, illness, disability or any other circumstances are in need of care and attention not otherwise available to them.
- 5.2 Once a person has been assessed as being in need of such care the Council must have regard to the National Assistance Act 1948 (Choice of Accommodation) Direction 1992 which are intended to give clients a choice over where they receive such care arranged or provided by the Council. Such choice has to reflect both the costs of such accommodation as well as its availability.

Non-Applicable Sections:	Financial implications. Personnel Implications
Background Documents: (Access via Contact Officer)	An overview of the Social Care Market in England 2008-09 – Care Quality Commission December 2009 ACS09053 Quality Monitoring in Adult Care Homes ACS 08190 Quality Monitoring in Residential Care and Nursing homes