

Decision Maker: **ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**

Date: **Thursday 24th January 2019**

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

Title: **ANNUAL QUALITY MONITORING REPORT: CARE HOMES PART 1 (PUBLIC) INFORMATION**

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Chief Officer: Ade Adetosoye, Interim Chief Executive and Executive Director: ECHS

Ward: Borough-wide

1. Reason for report

- 1.1 The Contract Compliance Team closely monitors and reviews the quality of care delivered in care homes, extra care housing and supported living schemes in Bromley. This is done using intelligence gathered from monitoring visits, Care Quality Commission (CQC) ratings; reports and reviews of safeguarding alerts; complaints received by the Council and information shared by our health and third sector partners in Bromley.
 - 1.2 This annual report details the findings of the quality monitoring of care homes during 2018 and sets out the work undertaken by the Council and partners to improve the standards of care delivered to people living in residential settings.
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2. **RECOMMENDATION**

- 2.1 The Adult Care and Health Policy Development and Scrutiny Committee is asked to consider the report and to note the actions taken to ensure that Providers maintain and improve the quality of service provided to care home residents.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The Contract Compliance Team works to ensure that vulnerable adults living in care homes receive the best possible service.
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Corporate Policy

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

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Residential/nursing care placement budgets in Adult Care and Health portfolio
 4. Total current budget for this head: £38.5m (total gross residential/nursing care placement budgets)
 5. Source of funding: Core funding, client & health contributions
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Personnel

1. Number of staff (current and additional): 1FTE contract compliance officer, .3 FTE Quality and Performance Officer supported by Team Leader and Head of Contract Compliance
 2. If from existing staff resources, number of staff hours:
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Legal

1. Legal Requirement: Statutory Requirement
 2. Call-in: Not Applicable: No Executive decision.
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Procurement

1. Summary of Procurement Implications: Not Applicable
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Total residents funded by the Council in Bromley Care Homes benefitting from the work of this team 283.
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Ward Councillor Views

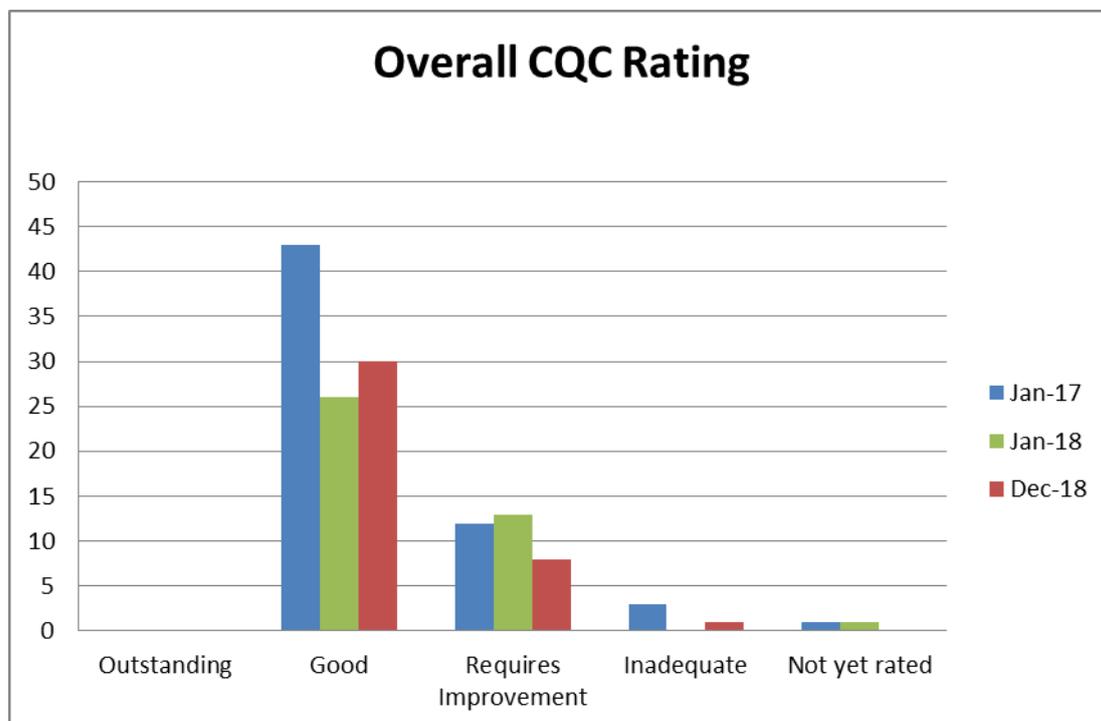
1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

- 3.1 The vision of the Education, Care and Health Services Department is “to work together with our partners, to ensure that every resident in Bromley needing our support has the right help at the right time to keep them safe and to meet their needs, so that they achieve, thrive and reach their full potential.” The work of the Contract Compliance Team is a key factor in helping to achieve this vision for vulnerable people living in care homes within the community.
- 3.2 The Contract Compliance Team is responsible for monitoring the quality of service delivered in care homes located in the borough. This report sets out these arrangements in detail and gives information on the performance of individual care settings. A linked report on Part 2 of this agenda sets out further information which is not in the public domain.
- 3.3 The Contract Compliance Team uses a comprehensive Quality Assessment Framework (QAF) tool to monitor services. This tool is adapted to make it relevant to each specific setting. The Care Home QAF is attached as Appendix 1. The tool is completed annually for each care setting during a monitoring visit. Each area is rated by the Compliance Officer and the provider is sent a draft report for comment before the report is finalised. The provider is then requested to complete an action plan to make improvements where the current rating is less than satisfactory. The Compliance Officers follow up the successful completion of the action plans during focussed visits during the year.
- 3.4 The contract compliance visits are supplemented by visits by the Performance Quality Officer who focusses on getting feedback about the service from residents and visitors to the scheme and spends time observing the interactions between staff and service users. The officer also observes the management of activities and mealtimes. From time to time the officer joins the meetings that are organised for relatives of service users helping to build up an all-round perspective on the service.
- 3.5 The main aim of the team is to ensure that service users receive a good standard of service from well trained and compassionate staff. If the Contract Compliance team identifies that the care being delivered by a provider does not meet the required standard, or the provider fails to work on their action plan the team takes action depending on the severity of the concerns.
- Check current information with other stakeholders, Safeguarding team, CCG and any other relevant partners involved with ensuring the home delivers on its’ improvement plan.
 - Meeting to review concerns with Provider and agree time scales for remedy
 - In agreement with the Director of Adult Social Care suspend new placements to the home
 - Request a review of current service users in order to establish their safety and to consider whether an alternative placement would be more appropriate.
 - Ensure that all other partners placing service users in the facility are aware of the problems identified, actions taken and actions required.
- 3.6 The Director of Adult Social Care, the Acting Chief Executive and the Portfolio Holder for Adult Care and Health are kept fully informed of performance issues through regular briefings. The Executive Assistant to the Portfolio Holder also receives monthly updates on the activity of the Contract Compliance Team and has accompanied officers on visits to providers during the year.
- 3.7 The regulatory framework covering care homes is the Health and Social Care Act 2008. The Care Quality Commission (Registration) Regulations 2009 and Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 detail the key standards which Providers must deliver. There are 28 regulations and associated outcomes set out in the legislation. The Care Quality Commission (CQC) monitors for compliance against these fundamental standards of quality and safety.

- 3.8 The CQC inspect all providers delivering regulated services and publish their ratings. Officers constantly review these ratings and use them alongside the information gathered in LBB monitoring visits to assess the status of the service.
- 3.9 The Council adopted a new policy in January 2018 to ensure that new placements were not made with Care Home Providers rated less than Good by CQC. During the period covered by this report a number of Providers have been inspected by CQC and their ratings have changed. The frequency of CQC inspections is influenced by previous performance and if a home is rated good it could be 2 years until the next inspection. However, if concerns are raised by a local authority or the public, or there is an unexpectedly high level of accident or incident alerts the inspection may be brought forward. If the provider is rated Requires Improvement it will usually be inspected by CQC again within one year.
- 3.10 The CQC checks that providers have appropriate levels of management and that the registered person for that business is well motivated and holds appropriate values. CQC inspectors work closely with the Contract Compliance officers to ensure that information is shared appropriately and that resources are best used. Providers also have a duty to be transparent with their residents and their representatives which includes displaying the CQC rating prominently and informing them of concerns raised by CQC, for example, breaches of regulations. Officers are aware that a home's performance can change relatively quickly in response to a change in manager.
- 3.11 During 2018 officers from the Council and Bromley Clinical Commissioning Group have continued to work together in the Care Home Programme Board. Achievements resulting from this work have been:
- The adoption of a joint quality assessment framework,
 - The introduction of the red bag scheme which assists with keeping essential personal information and belongings safe whilst in hospital.
 - Review and changes to the GP resources available to care homes (to be implemented April 2019)
 - Pharmacist providing support with medication to homes.
- 3.12 Table 1 and Chart 1 below show the CQC ratings for Care Homes reported for the last 3 years. The number of homes rated good improved during 2018; however one home is has recently been rated inadequate. The percentage of Bromley care homes rated good has improved to 77% at December 2018, compared to 72% in January 2017 and 65% in January 2018.
- 3.13 *The figures in the column for January 17 in Table 1 include ratings for 19 registered care homes for people with learning disabilities and mental health problems. These figures have been removed from the January 18 and December 18 figures. The rating and performance of these homes will be covered in a future report. Two Care Homes closed during 2017 and a further one closed in 2018. One new home opened in 2018.

Overall CQC Rating	Jan-17	Jan-18*	Dec-18*
Outstanding (Dark Green)	0	0	0
Good (Green)	43	26	30
Requires Improvement (Amber)	12	13	8
Inadequate (Red)	3	0	1
Not yet rated	1	1	0



Analysis of CQC detail

- 3.14 The care homes rated Inadequate and Requires Improvement by CQC are listed below with a short comment on the improvements made since the rating was made. The Contract Compliance Team operates an enhanced monitoring regime with these providers in order to ensure that progress is made and improved care delivery is sustained.
- 3.14.1 Lauriston House was rated inadequate in December 2018. (3 LBB funded residents). The home had previously been rated good, however Bromley Council had received a number of safeguarding concerns that raised concerns about the care being delivered in the home. Contract monitoring identified shortcomings in many areas of care and these were confirmed by the CQC report. The provider has brought additional managers to the home to urgently work on the improvements required and some progress has already been made. LBB placements have all been reviewed.
- 3.14.2 Rowena House was rated requires improvement in November 2018. (5 LBB funded residents) This was an improvement on the rating of Inadequate in March 2018. The provider worked hard to achieve this position over a short time. The key action was employment of a new home manager who was able to effectively interpret and implement the recommendations from the CQC and Contract Compliance Team. The home continues to work on its action plan in order to improve the rating of inadequate in the safe category.
- 3.14.3 Baycroft (0 LBB funded residents) was rated requires Improvement in August 2018. Baycroft opened in 2018 and this is the first rating by CQC. The shortcomings in this home had been identified by GP and CHC team and Oxleas prior to the inspection. The company has provided additional management resources to ensure that the CQC action plan is completed and progress has been made towards this.
- 3.14.4 Bromley Park was rated requires improvement in November 2017. (3 LBB funded residents) The home has completed its action plans and now delivers a much improved service. The Council has resumed making placements in this home following sustained improvements.
- 3.14.5 Elmwood was rated requires improvement in January 2018. (33 LBB funded residents) The home has worked very hard to improve the care offered to residents, with particular emphasis

on improving the interactions between staff and residents. The Council has resumed making placements in this home.

- 3.14.6 Fairlight and Fallowfield was rated requires improvement in January 2018. (7 LBB funded residents) Since the previous inspection in 2017 the individual rating for “responsive” was improved to good. Progress has been made against the CQC action plan and this needs to be sustained.
- 3.14.7 Fairmount was rated requires improvement in July 2018. (6 LBB funded residents) All actions on the CQC plan have been addressed and the Council has resumed making placements.
- 3.14.8 Park Avenue was rated requires improvement in November 2018. (4 LBB funded residents) The overall rating was unchanged, but the rating for staffing had been reduced from good to requires improvement. There have been 3 changes of manager during 2018 which has prevented progress and completion of action plans. The team will continue to monitor this home very closely.
- 3.14.9 The Sloane was rated requires improvement in June 2018. (1 LBB funded resident) This home has made significant progress on their action plan and we expect that monitoring visits will confirm that this has been sustained and a recommendation can be made for placements to resume.
- 3.15 A common problem in the homes listed above and all other homes in Bromley is the ability to recruit and retain well motivated and compassionate staff. Where homes use agency staff to cover vacancies the council expects home managers to ensure that the quality of the service is maintained through an appropriate level of supervision and auditing.

4 IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 People living in care homes, extra care housing and supported living schemes are amongst the most vulnerable in the borough. The contract compliance service contributes to ensuring that they live safely, are well-cared for and maximise their capacity for independence.

5. LEGAL IMPLICATIONS

- 5.1 The Council has a general duty, under section 1 of the Care Act 2014, in exercising its power under the Act, in the case of individuals, to promote the individuals well-being. This duty includes protection from neglect and abuse and to have regard to suitability of living accommodation. It is necessary monitor performance of care homes to ensure care is provided to contract standards. If necessary appropriate enforcement action can be taken under relevant contracts to deal with poor performance or breach of contract.

Non-Applicable Sections:	Procurement, Policy, Personnel and Financial Implications
Background Documents: (Access via Contact Officer)	Not Applicable.