

PART 1 - PUBLIC

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

Date: 25th January 2011

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

Title: **QUALITY MONITORING IN CARE HOMES**

Contact Officer: Wendy Norman, Strategic Manager, Procurement and Contract Compliance
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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 the report.

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: Residential and Nursing Care for Older People and Adult Services
 4. Total current budget for this head: £34m
 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: 1 FTE contract compliance officer
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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? N/A.
2. Summary of Ward Councillors comments:

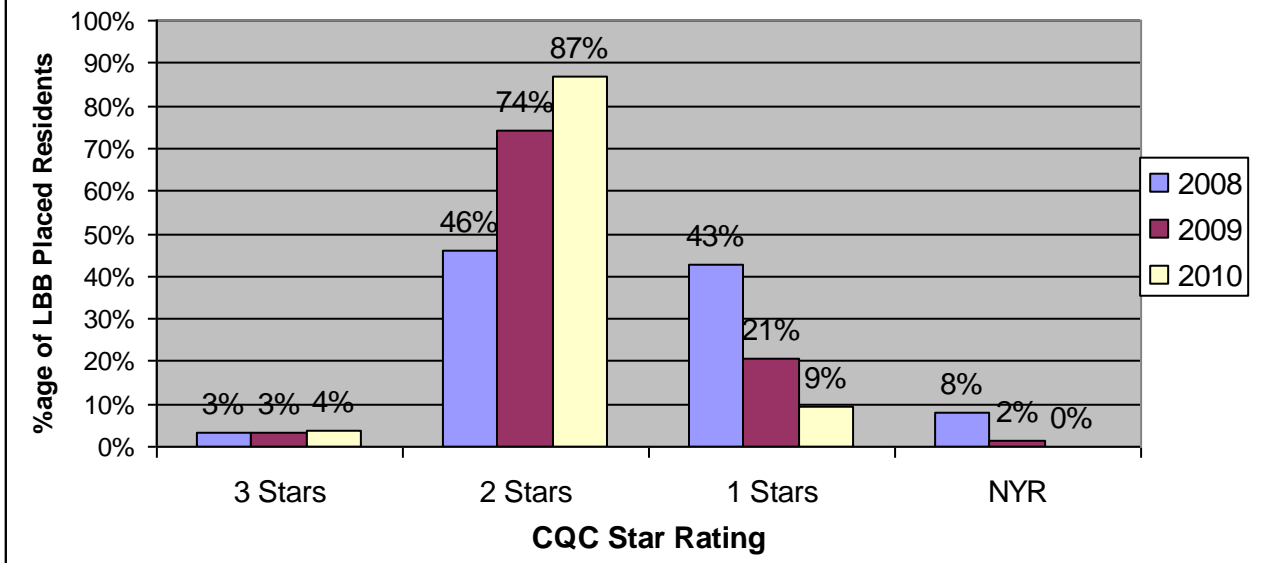
3. COMMENTARY

- 3.1 Adult and Community Policy Development and Scrutiny Committee receives regular updates covering the arrangements for monitoring contracts and progress made to raise standards in care homes within the borough for older people, people with learning disabilities, mental health needs and physical disabilities.
- 3.2 The number of new adult residential care placements made is reducing as people opt for independent living with support in line with the personalisation agenda. Service developments both in accommodation and support have been implemented for each client group which has helped to achieve these aspirations. As a result the Council places on average 300 older people in nursing and residential homes each year.
- 3.3 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. In addition there are fewer care homes for adults in Bromley than for older people, meaning that many placements are made out of borough.
- 3.4 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	574	206
People with Learning Disabilities	210	9 (in house registered service)
People with Mental health needs	56	36 (through access to PCT block contracts)
People with physical disabilities	32	0

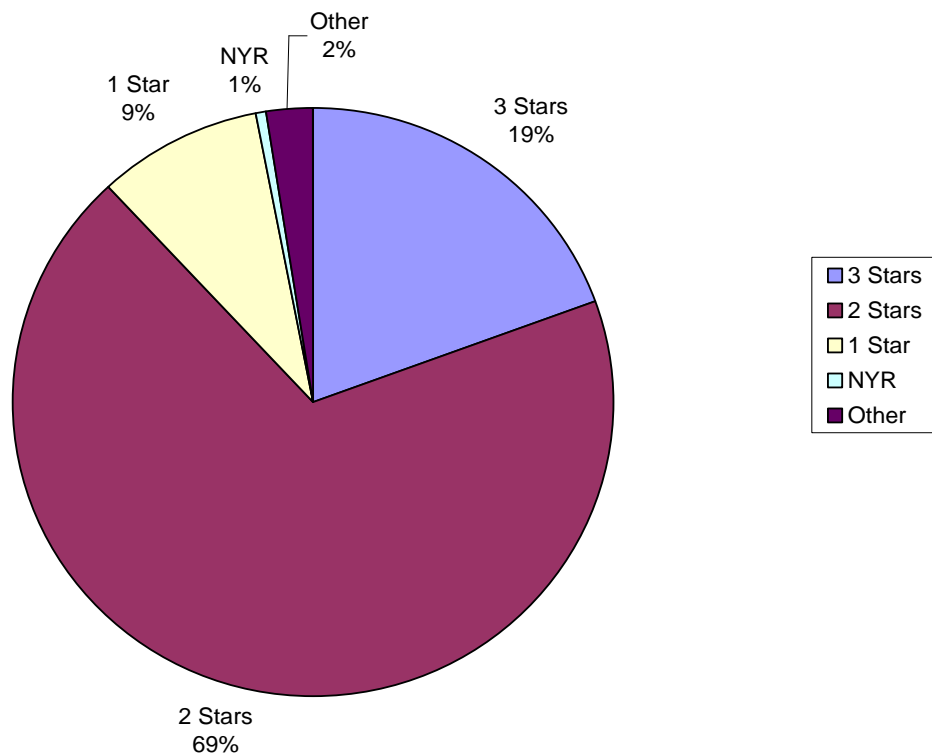
- 3.5 Individuals are entitled to move into a home of their choice; however everyone considering a permanent move to residential care is encouraged to consider the Care Quality Commission (CQC) star ratings of the home and to read the latest reports about individual homes which are available on the CQC public website. A brief description of the standards for each of the star ratings can be found in Appendix 4.
- 3.6 In February 2010 Members endorsed the Department's practice not to 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. In the 2010 annual report we reported that CQC had published concerns that some Councils continued 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. By comparison in 2009/10 this percentage showed a marked reduction from 22.2% in December 2009 down to 11.4% in September 2010.
- 3.7 During 2010 the number of one star homes in Bromley reduced from 13 to 12 and the number of Council supported service users residing in one star homes reduced from 139 to 59. Further performance information about Bromley homes is included in the Appendix 1.

All In Borough Care Homes 2008, 2009 and 2010 CQC Star Rating Comparison



3.8 Of the 421 out of borough placements in adult and older peoples residential and nursing homes, only 37 residents are currently placed in one star rated accommodation (comprising 27 different homes). None are placed in zero rated homes. This is illustrated in the following chart. The star rating is shown as “Other” where for example a home is located in Scotland where the rating system does not apply or where people are in residential colleges inspected by Ofsted rather than CQC.

No of out of borough placements by CQC star rating



3.9 During 2010 the contract compliance officer devised a quality monitoring questionnaire for all out of borough placements in one star rated homes. Questionnaires were sent out to the relevant local authority for each one star home in order to gather feedback on the quality of care

provided in the homes. The information gathered supplements the knowledge gained from the regular individual reviews that are carried out by care management to ensure that residents continue to be safely placed and well cared for.

New rating system – replacement of National Minimum Standards

- 3.10 During 2010 CQC announced they would be abolishing the star rating system. In addition their programme of inspections ceased between July and October 2010 to allow the regulator time to prepare for the new regulations. This means that providers last published star ratings will remain in place until the CQC introduce a replacement for the system. CQC will be undertaking a consultation during early 2011 and it is expected that the new rating system will be introduced in May 2011.
- 3.11 From 1st October 2010 care standards were amended to take into account the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These new regulations replaced the long standing National Minimum Standards, part of the Care Standards Act 2000.
- 3.12 The new regulations detail the key care standards which CQC call the 'essential standards of quality and safety'. These consist of 28 regulations (and associated outcomes) that are set out in the new legislation. For each regulation, there is an associated outcome – the experiences CQC expect people to have as a result of the care they receive.
- 3.13 To check providers' compliance with the essential standards, CQC aim to focus on the 16 regulations (out of the 28) that come within Part 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – these are the ones that most directly relate to the quality and safety of care and include:
- *Care and welfare of people who use services*
 - *Assessing and monitoring the quality of service provision*
 - *Safeguarding people who use services from abuse*
 - *Cleanliness and infection control*
 - *Management of medicines*
 - *Meeting nutritional needs*
 - *Safety and suitability of premises*
 - *Safety, availability and suitability of equipment*
 - *Respecting and involving people who use services*
 - *Consent to care and treatment*
 - *Complaints*
 - *Records*
 - *Requirements relating to workers*
 - *Staffing*
 - *Supporting workers*
 - *Cooperating with other providers*

Quality monitoring

- 3.14 Whilst the Care Quality Commission remains the regulatory authority for registered care services, the London Borough of Bromley also has an obligation to ensure quality is maintained in all registered care homes in the borough. In order to incorporate recent changes to the care regulations (mentioned above) the Councils Contract Compliance Officer has devised a care home quality assessment framework (QAF) to replace the previous monitoring tool.

3.15 Providers are asked to self assess themselves against each key regulation by providing written statements to evidence compliance. These statements will then be followed up in the form of a desktop review and through a schedule of contract monitoring inspections to each premises. The care home QAF was recently piloted by two residential and two in nursing homes with the full roll out expected to take place in 2011. All in borough providers who contract with the council will be expected to participate.

3.16 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. 25% of monitoring visits which took place in 2010/11 were to one star homes. Management information used to monitor performance includes:

- Safeguarding alerts
- Complaints
- Regulation 16/18 reports (also copied to CQC – reports of death, serious injury, hospital admission, outbreak of disease, medication errors etc.) – previously Regulation 37.
- Information from other stakeholders, e.g. 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.

3.17 Areas of concern raised during monitoring and addressed by homes during 2010 are outlined briefly below.

The biggest improvement on the previous visit to one home was the quality of activities that took place. Residents in the main lounge were stimulated and this created a good atmosphere for all.

Activities coordinator in one home has focused on including residents with dementia who have previously had behavioural issues. This has significantly improved the number of incident reports being received

One home has now joined LBB's training consortium and as a result the majority of mandatory training is now up to date.

A number of training sessions were put on for carers of one home to improve their communication and customer care skills (as a result of a number of issues in this area), particularly for those staff members with differing cultural backgrounds. As a result staff now interact significantly better with residents and visitors which has created a better atmosphere at the home

One organisation has no limit on their training budget which allows the home manager to book any training that staff require.

A staffing restructure has been implemented to ensure greater support for care staff. A Senior Carer is now in place on each shift, to supervise care staff and assist Nurses. A Clinical Development Nurse post has been created to support and advise Nurses with clinical issues at each of the organisations' Bromley based homes.

A keyworker system has been implemented. Each staff member has been allocated three residents to work with. Care, daily living and activities will be more person centred as a result.

The organisation's medication policy has been amended to ensure that newly qualified Nurses successfully complete medication competency tests before commencing administering medication.

New catering company has been introduced with significantly improved feedback. Menu design has considered residents dietary requirement and aims to provide nutritious meals. A choice of meal is now offered to residents at each sitting.

Picture menus have been implemented to assist residents with dementia to choose the meals they desire.

The environmental improvements to the main lounge and the creation of the first floor lounge has greatly improved the environment for residents and eased congestion on the ground floor.

New carpets have been laid in communal areas which has significantly improved the environment for residents with dementia. New furniture has also been ordered

A staff feedback form has been implemented to allow information to be passed on to relatives following short term respite which highlights any issues during the respite stay.

The home's website is becoming increasingly interactive. The home are working towards allowing relatives to be able to log in and check on their relatives progress on a daily basis.

Following CQC requirements, one home has worked hard to significantly improve their care plans in terms of layout, detail and frequency of updates.

Residents are involved in the recruitment of new staff and often sit on the interview panel, even for senior management positions.

A particularly positive aspect of the service is that the home imposes no specific routines on resident's daily lives and this allows residents to choose the lifestyle they wish.

Several homes are currently working towards, or have completed the Gold Standards Framework, an end of life care accreditation scheme supported by St Christopher's Hospice.

Member visits

- 3.18 Members have highlighted the importance of undertaking visits to care homes at ACS PDS. A rota for visits has since been circulated to all Members and in addition Members have been provided with a form which prompts comments and observations. During 2010 Members visited 7 homes in Bromley, 2 for adults with learning disabilities and 5 for older people. The observations made during the visits were passed back to the contracts team and were followed up during subsequent contact with the homes.

Safeguarding

- 3.19 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 the Council, 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.

- 3.20 The Council has received 75 referrals about safeguarding in care homes during 2010/11 to date, 1 of which relates to an out of borough home. It is important to note that referrals are not always substantiated upon investigation. Of the investigations completed to date 20% have been substantiated. 3 referrals related to one star homes. The number of referrals has decreased by 32% compared with the same period in 2009/10. The Council continues to expend a great effort to ensure that all local providers are able to access training to ensure that the local multi agency procedures are used effectively. Data analysis shows that 33% of the referrals were related to paid care staff, others being related to problems with family members, or between service users.
- 3.21 During 2010 the Council suspended new placements to 2 homes following safeguarding alerts. In the first case, Burrows House the provider completed an action plan and instigated changes to the procedure for assessing new clients. The council is now making new placements to the home and the contract compliance officer is undertaking an enhanced level of monitoring to ensure that improvements are maintained. The second home, Waratah House is in London Borough of Croydon. Ongoing action in respect of this home is being taken in partnership with the CQC and Croydon Council.
- 3.22 The Safeguarding team regularly attend the Council's Care Home 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.

Mental Capacity Act – Deprivation of Liberty

- 3.23 The Mental Capacity Act 2005 is legislation which enables and authorises professional care staff, health service staff and families to take decisions on behalf of vulnerable adults who are unable to decide for themselves. All decisions have to be taken in the individuals 'best interests' by the person most involved in that area of the individuals 'care and treatment'.
- 3.24 The Deprivation of Liberty safeguards (DOLS) were later attached to the Mental Capacity Act, again covering individuals lacking capacity to make particular decisions and residing in care homes or hospitals, where the care and treatment regime imposes such excessive restrictions on them that they amount to a deprivation of liberty in accordance with the Human Rights legislation.
- 3.25 The Government gave a lead role to the Local Authority to educate and raise standards in these two related areas. A programme of detailed training has been made available to all statutory, private and voluntary agencies in Bromley. Over one thousand training places have been offered in the past two years. Although most of this training has been arranged centrally there have also been many sessions arranged in local care homes and hospital settings. Informal telephone support and visits to offices and work places have also been offered.
- 3.26 The outcome of these efforts has been that professional staff are now thinking closely about a vulnerable person's decision making abilities, and are now more explicitly taking responsibility for 'best interests' decisions for those who cannot act for themselves. Care homes have been provided with screening tools, and draft procedures, to enable them to reflect more carefully on whether their care regime for a particular individual might amount to a possible deprivation of liberty.

- 3.27 During 2010 the Department of Health monitored the number of DOLS referrals nationally and to date the number in Bromley is lower than elsewhere. Whilst the Council is confident in the volume and quality of training delivered in the borough, the lead officer for DOLS will be making visits to care homes during 2011 in order to observe how the training is being put into practice and to provide on the spot guidance.

Joint working to improve standards

- 3.28 A joint Council and PCT Health Support for care homes group meets regularly to focus on health related support to care homes. Work this year has concentrated this year on the avoidance of hospital admissions and ensuring that medication handling and distribution is improved.
- 3.29 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. The forum has an annual work plan which focussed in 2010 on improving the experience of users being admitted and discharged from hospital, moving and handling, and the provision of activities for people with dementia

Training

- 3.30 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. The Council, as a purchaser of social services from the private/ independent sector, is 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 receive both induction and refresher training.
- 3.31 The training courses provided for care home managers and their staff address the requirements of the new regulations replacing National Minimum Standards (see para 3.11). These standards include requirements about the competence of the workforce including their suitability, experience and qualifications.
- 3.32 There are 79 care homes in Bromley. Currently 41 homes are members of the care home training consortium which is an increase of 3 since last year. 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.
- 3.33 The training programme offered 37 different courses during 2010. The bulk of these are the core training courses; first aid, food hygiene, health and safety and moving and handling. The remaining courses provide 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, report writing and infection control.
- 3.34 The programme is regularly updated and reviewed to include training on new legislation. The Council also works with the PCT to identify opportunities for joint health and social care training. Many of the homes are funding themselves to achieve the national Gold Standard Framework for delivering improvement to care at the end of life.

- 3.35 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.
- 3.36 Business continuity planning continues to be high on the agenda for providers. Plans have been tested recently by severe winter weather conditions. Lessons are learned every time the plans are put into action and are discussed at the Care Home Forum. During 2011 the Fire Service will be running a seminar on evacuation plans and procedures in Care Homes.

Care home re-provision programme

- 3.37 The Council’s care home closure programme continued during 2010. Three of the Council’s original six homes have now closed with Manorfields the latest to close in July 10. The movement of residents from Isard House is now well underway with an anticipated closure expected in spring 2011. Belle Grove and Kingswood House will follow and are due to close by April 2012.

4. POLICY IMPLICATIONS

- 4.1 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 2010 ACS09053 Quality Monitoring in Adult Care Homes ACS 08190 Quality Monitoring in Residential Care and Nursing homes