Meeting	Safeguarding Overview and Scrutiny Committee
Date	2 July 2012
Subject	**Quality Assurance in Care Homes**
Report of	Ceri Jacob Associate Director of Joint Commissioning
Summary	Committee are requested to receive and comment on this position statement which sets out the overarching approach to promoting and monitoring quality in care homes, with particular reference to safeguarding, and on proposals for strengthening the approach in partnership with other statutory organisations in particular between social care and primary care. Members are requested to refer to the *Pricing Strategy* report for a more detailed market appraisal in relation to the care home sector and the local approach which has been agreed for funding and improving care home placement contracting and for managing the market.

Officer Contributors	Eryl Davies, Head of Strategic Commissioning and Supply Management
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix 1 – Proposed Domains Appendix 2 – My Home Life Vision
Reason for urgency / exemption from call-in	Not applicable

Contact for further information: James Taylor – Deputy Head of Strategic Commissioning and Supply Management, 020 8359 4886

1. RECOMMENDATION

1.1 Committee are requested to receive and comment on this position statement and make relevant comments and recommendations to the Cabinet Member for Adult Services about the proposals and approach.

2. RELEVANT PREVIOUS DECISIONS

2.1 Pricing Strategy – Care Homes for Older People, Cabinet Resources Committee, 28 February 2012.

2.2 Adult Social Care Services Workforce Approach to Safeguarding Adults, Safeguarding Overview and Scrutiny Committee, 5 January 2012.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

3.1 Care home supply in the borough is one of the largest in Greater London. Within Barnet, there are 95 residential homes registered with the Care Quality Commission, and 23 nursing homes. In total, these homes provide 3,068 beds for a range of older people and younger people with disabilities. The council funds around 22% of places available but within a wide variety of homes. Over the last year the council has considered how to move from funding placements and reacting to quality concerns in care homes to how to invest in improved outcomes for care home residents, through improved engagement with care homes, improved monitoring and market management, including the implementation of a fair price and improved partnership with the NHS. The meets the high level corporate plan objective of *Better Services for Less Money*.

3.2 Although the Council funds a relatively small proportion of local places it has a duty of care to adults resident in local care homes through discharge of its lead safeguarding function. The Care Quality Commission (CQC) has a joint working protocol with Councils which addresses the joint responsibility to share information about concerns and quality and ensure actions are taken. This duty applies for self funders and council funded residents alike.

4. RISK MANAGEMENT ISSUES

4.1 The care home market has historically relied on a balance of steady demand from both self funders and council contracts. Whilst the numbers of self funders may well increase due to tightening eligibility criteria and the decreasing capacity of families to support their relatives in their own homes, these people may cross over to being council funded if the value of their investments diminishes or through increased longevity and spending down capital assets. National and local policy is to continue to manage demand for care differently by encouragement and stimulation of alternatives in the market and reduce the number of new admissions to long term care funded by councils. As income streams become unreliable care homes find it increasingly difficult to maintain quality which can lead to a rise in safeguarding concerns.

4.2 The capacity for the council to respond and address concerns is severely constrained by staff time available and the large number of providers in the borough. A visits prioritisation schedule operates within the Adult Social Care and Health (ASCH) directorate based on regular Sharing Information meetings between CQC inspectors,

social work team managers, safeguarding officers and contract monitoring staff. This informs a risk matrix which is used to determine priority for monitoring and actions. The issues raised on a regular basis demonstrate the complex nature of delivering and managing care in residential homes. This must be addressed through improved positive engagement with care homes and continued cooperation and collaboration in managing quality and safeguarding between all parts of the health and social care system, including informal carers, social work staff, care home staff and primary care staff including GPs.

4.3 Increased capability in social care services to support people with complex needs at home for longer means admissions to care homes increasingly occur when people have very complex needs and multiple long term conditions, or have reached a crisis. Whilst care homes are experienced in meeting these requirements, an increase in these types of admissions can place increased pressure on the care home regime and an increase in risk to the resident of unsuitable care if the staff are not correctly trained in specialist areas or staffing levels are too low to meet these needs.

4.4 The quality and stability of the workforce are key determinants of the quality of care in a care home and in particular the clinical and professional leadership of the home to implement policies including personalised care, dignity, and person centred dementia care, end of life care and safeguarding. Nationally and locally there is a shortage of nurses and care staff and staff turnover in the industry is on average over 25%. Vacancies and delays in recruitment increase the number of temporary staff in turn affecting continuity and consistency of care. The council is investing in a number of initiatives to start to address these factors including a leadership programme for care home managers, training on safeguarding and investigation and My Home Life – a co produced programme on dignity and quality.

4.5 The changes to primary health care and the efficiencies that have to be delivered in the acute hospital system, if not managed properly, create a risk of more pressure falling to care homes as residents may be discharged from hospital earlier in more acute conditions. This may be compounded if there is a lack of availability of primary care specialists such as tissue viability nurses, occupational therapists and district nurses to support care home residents and guide staff in specialist care and treatment, particularly in the case of residential care where qualified nurses are not normally employed.

4.6 A range of measures are in progress or being developed to address and manage the risks in the sector which are being supported by invest to save funding and focus on improved quality monitoring , partnership with care home managers and improved engagement between primary care and care homes.

4.7 Over 500 people are placed in care home outside the borough either as a result of choice or lack of niche or specialist care to meet the needs locally. There is a risk that quality in these placements is difficult to assure from a distance. This is managed through collaboration and systems of sharing information with the host boroughs and annual reviews by social workers.

5. EQUALITIES AND DIVERSITY ISSUES

5.1 The public sector equality duty consists of a general equality duty, which is set out in section 149 of the Equality Act 2010. The general equality duty came into force on 5 April 2011. The legislation refers to the following nine protected characteristics: age,

disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

5.2 The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

5.3 The implications of the application of the general equality duty in the context of adults living in residential settings are that, unless they have had certain rights and freedoms curtailed or restricted by the law, they generally have the same basic rights and freedoms as any citizen to live their lives as they wish. This includes possibly doing things that others might consider to be unwise or inappropriate. The general constraint on anyone exercising their personal rights is only that doing so should not unreasonably have an adverse effect on the rights of others.

5.4 Care home staff accordingly should strive to achieve a balance between an individual's right to privacy and control with the need for care and observation and therefore people who are elderly and/ or disabled should not suffer significant disadvantage through their protected characteristics. Assuring quality in care homes must take account of the ethos and values within the home, the care regime including the behaviour and attitudes of staff, to ensure equality is being promoted and advanced.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

6.1 The Supply Management team is responsible for managing and monitoring quality of contracted provisions or those where there is a safeguarding concern. They carry out scheduled visits to care homes and respond to safeguarding concerns often with site visits. The table below gives a breakdown to May 2012.

	2010	**2011**	**2012 to May 12**	**Projected to year end**
Numbers of scheduled visits carried out	145	105	14	70
Safeguarding visits	Included in above	Included in above	27	40

6.2 Each scheduled visit takes approximately three hours to carry out. Approximately one hour is required prior to the site visit to prepare notes and gather relevant information about the care home being visited. This involves gathering information from the

safeguarding team, social workers or other relevant colleagues. A further two/ three hours is spent recording findings and reporting back to relevant teams.

6.4 Inspection visits carried out that are triggered by a safeguarding concern can vary in the time taken to investigate. This can be from one or two hours to a whole day depending on the issues involved. As with all visits there is approximately an hour of preparation prior to the visit and the recording and reporting of findings to council/ NHS staff / other boroughs or other relevant colleagues during which actions are defined and time scales set. Information from the visits is also used to help determine whether further placements should be suspended if not already.

6.5 The monitoring regime not yet sufficiently proactive to have obtained comprehensive baseline data for all care homes. Barnet has been pro active in seeking a proposal from Hillingdon Council through its membership of the West London Alliance, for a shared service based on their established inspection and monitoring team. Commissioners have been working with West London Alliance to create momentum for a shared service however still no other members have yet agreed a contribution. Due to the urgency and scale of the challenge, Barnet will therefore pursue a borough specific model whilst continuing to work with members of West London Alliance and other boroughs as required.

6.6 Barnet is committed to ensuring that the diverse range of people who use services, carers and families are involved in quality assurance. Involving people who use the service and those who can be a voice for care home residents – e.g. enter and view (LiNK/ Healthwatch), experts by experience, partnership boards, advocacy groups, relatives groups/ networks, individual voices can help to promote and actively support the quality framework.

6.7 Invest to save funds of up to £90k from within the Adults Social Care and Health budget have been agreed to support the following work streams from July 2012 to March 2013 to enhance and promote quality assurance in care homes:

- Extra project management and skills expertise to build on My Home Life programme commenced in 2011, commission additional inspection and monitoring capacity which takes account of the domains set out in appendix 1 and co produce a performance toolkit with providers.
- Coordination of activity relating to monitoring, intervention, training and learning to create joined up channels for receiving and acting upon feedback from a range of professional, multi-agency and informal sources. This may include web based portals and sites for exchange of quality information.

6.8 Evidence shows that residents in care homes have higher needs than other patients for essential medical cover because their medical needs are complex and changeable. They are also usually unable to attend the primary care centre requiring visits to the care home, frequent and multiple prescribing interventions and they have a higher than average use of out of hours services.

6.9 The Barnet Clinical Commissioning Group has initiated a pilot of a small number of GPs attached to some of the larger care homes in the borough to undertake additional work with these homes, focusing on the use of care plans to anticipate and prevent future admissions, and the use of audit to understand the reasons for admissions that do occur. The aim of this enhanced service is to ensure that patients are treated in the most appropriate environment and to reduce the number or unnecessary hospital admissions for older people living in a care home in Barnet.

6.10 Funding during the pilot reimburses the GPs involved for: reviewing or drawing up care plans for residents residing within a care home, either on a long-term basis or specifically for end of life care; and for auditing the notes of patients that have an unscheduled hospital attendance or admission within the pilot timeframe. If successful the service will be rolled out further within Barnet.

7. LEGAL ISSUES

7.1 Under section 145 of the Health and Social Care Act 2008, enforceable human rights will now "travel" with a resident who is placed in a private care home and funded by a local authority under the National Assistance Act 1948. Previously, a resident placed in a private care home in this way would not have had formal human rights protection. Under the new regime, some private care homes will be considered to be exercising a function of a public nature, meaning that the HRA will apply to the care home and will cover all decisions that are taken regarding the resident.

7.2 The Care Quality Commission (CQC) are the independent regulator for standards in care homes in England and registration of care homes and managers. The Care Quality Commission began operating on 1 April 2009 as the independent regulator of health and adult social care in England replacing three earlier commissions: the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act. The Commission monitors providers of health and social care against the National Care Standards (2003) and now includes an equality and human rights impact assessment as part of their inspection focus.

7.3 A protocol between CQC and councils with social services responsibilities governs collaboration and cooperation to ensure that the following stated outcomes are achieved:

- It contributes most to improvements in quality of social care services.
- It ensures regulated providers are clear about the requirements placed on them, and the mechanisms for holding them to account.
- Regulated providers are effectively held to account.
- The regulation and commissioning of adult social care providers is proportionate, effective and efficient in line with Better Regulation principles.
- All potential concerns regarding the provision of adult social care services, will be reported to, and dealt with by, the body best placed to take action.

8. CONSTITUTIONAL POWERS

8.1 The scope of the Overview and Scrutiny Committees/Sub-Committees is contained within Part 2, Article 6 of the Council's Constitution

8.2 The Terms of Reference of the Overview and Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The terms of reference of the Safeguarding Overview and Scrutiny Committee includes:

"To scrutinise the provision of adult social care services (including those who have physical disabilities, sensory impairment, learning disabilities, mental health needs or other special needs) to ensure that residents are safeguarded and supported to lead as independent lives as possible in their own homes."

9. BACKGROUND INFORMATION

9.1 Care home intelligence is combination of local knowledge which is gained from placements made by the council and the information fed back from the social work reviewing team to the Quality and Purchasing Unit, feedback from individual reviews, intelligence from other authorities and feedback from relatives and carers and professionals visiting the home and from homes themselves. Sometime the resident may be admitted to hospital and hospital staff may raise an alert about the condition of a resident upon admission.

9.2 Dedicated extra capacity has been set up within the Care Services Delivery division to respond to the ongoing number of safeguarding alerts, a significant number of which arise from local care homes from time to time. Whilst some reports about individual residents arise from specific individual circumstances, some of the conditions reported relate to potentially more systemic issues within the care homes and may need to be investigated within the home as such, in partnership with the provider business, and the Care Quality Commission. If the concerns diagnosed require specific actions, further placements in the home are suspended until responsible officers are satisfied that improvements have been embedded. Depending on the level of concern this information will be conveyed to other placing boroughs or even more widely to all local authorities and NHS colleagues.

9.3 Types of safeguarding alerts: a variety of indicators can alert visitors to the care home that the care regime may be deficient in some way, from the attitude of care staff and the general upkeep of the environment to the atmosphere among residents and the appearance and condition of residents.

9.4 Due to the frailty of residents, they are often are particularly vulnerable to injury or accidents and infections. The quality of the building and environment is important to monitor in respect of all utilities and the general fabric of the building to ensure minimal compliance with all health and safety regulations. Specific guidance has been commissioned by the Director of Adult Social Care and Health from Environmental Health to support council officers within the ASCH directorate to carry out checks within their monitoring responsibilities and use a risk matrix to help provide early identifications of key risks.

9.5 Pressure Care – for older very frail people with very limited mobility, skin care and tissue viability is an important part of the care regime. If insufficient attention is paid to moving and handling, skin care and overall basic diet and hydration, the skin area can quickly break down. The quality of pressure area care has become an important area of significance in terms of practice to monitor therefore. It may require the oversight of a specialist Tissue Viability nurse – both in terms of the individual care plan or to guide and train care staff in best practice.

9.6 Medicine management is an important area for improved joint working between GPs and care homes in order that a good audit trail for medicines is maintained and there is a good level of review of medicines for individuals. Close working between care homes and GPs and other primary care professionals is critical to ensure prescriptions changes are implemented properly and reviewed regularly.

9.7 Recent findings - A report on a recent survey of registered managers representing an estimated 10% of the total reported the following headline findings:

- The vast majority of Registered Managers (96%) attend further training that is non-mandatory.
- Words that Registered Managers identify with their roles include many that reflect this commitment, such as ‘Professional’, ‘Demanding’ and ‘Rewarding’.
- Leadership capability, alongside soft skills and budgeting/finance, were amongst the key issues they identify for development.
- 56% are interested in some form of accreditation.
- At the same time, only 40% of Registered Managers felt appreciated or valued. Stress and frustration were common. Most Registered Managers felt there was insufficient appreciation of their role outside social care, and 57% believed that the sector should focus on improving public understanding around the sector.*

*Survey of Registered Managers – National Skills Academy, May 2012

9.8 My Home Life Programme is a vision which has been developed over the last 5 years, based on a review of best practice carried out by the National Care Homes Research and Development Forum (NCHR&D Forum).Over 60 academic researchers worked in partnership with care home practitioners, independent advisors and voluntary groups to examine evidence on the quality of life of older people in care homes. Based on this review, the My Home Life team put together a programme of ongoing research and development to help staff optimise the quality of life in care homes. Sponsored by Age UK, City University and The Joseph Rowntree Foundation, Dementia UK, My Home Life (MHL) is a collaborative partnership aimed at improving the quality of life of those who are living, dying, visiting and working in care homes for older people.

9.9 The philosophy of My Home Life is about using evidence based research to support good practice and working in partnership with care homes to recognise and champion good practice. Barnet council joined the programme last year as one of six London Boroughs (Redbridge, Barking and Dagenham, Newham, Tower Hamlets and Enfield) and invited eight local care homes to take part. The programme is ongoing and in order to gain maximum impetus behind it the council is proposing to invest in a small amount of project management capacity to ensure it links with all other safeguarding and quality activity being developed in the borough. More detail on the themes within the programme is included in the report under appendix 2.

10. LIST OF BACKGROUND PAPERS

10.1 None

Appendix 1 – Proposed Domains and Methodology for Improved Contract Monitoring
(based on ADASS* Regional Contracting standards)

The methodology is a workbook based on a quality monitoring tool developed by Cambridgeshire County Council. It specifies the quality and performance criteria/requirements which a Care Home provider is expected to meet, and indicates the evidence which can establish whether the requirement has been met - together with weighting and scoring of the requirement (which will be added when the requirements are agreed). The criteria have been mapped against Putting People First Outcomes and the requirements of "Our health, our care, our say".

The quality and performance requirements are organised to reflect the Guidance about compliance: Essential standards for quality and safety published by the Care Quality Commission in December 2009. This sets out how providers of care and support services can comply with the registration requirements for Care Homes, Home Care and Supported Living services and also maps to the CQC outcomes - describing what service users should experience from the services they use. The workbook contains five tabs or worksheets which reflect the section headings and generic criteria in the draft guidance, and the criteria listed also contain the specific guidance for "Services Provided by a Care Home".

The CQC guidance is clear and comprehensive, setting out generic and service specific outcomes, together with the evidence that should be available to demonstrate that those outcomes have been achieved. This structure, and where appropriate the content, has been followed when specifying the Quality and Performance requirements for the Regional Contracting Standard for the East of England.

The benefits of following the CQC structure include:
1. The specific requirements of Barnet (drawn from existing contract documents) appear broadly compatible with the CQC standards so they can be easily “fitted” to the proposed framework.
2. For providers, this will mean that there will be one framework to which they will need to work to ensure that they meet the requirements of the regulator as well as those of Barnet to whom they provide care and support services under contract.
3. Barnet will work with Hillingdon to consider adoption of a single framework and a standard set of requirements in order that members should be able to compare compliance and performance in a meaningful way with both CQC reports and the information gathered by other members during the course of their contract management activity.
4. Any future changes to standards (by the CQC or other bodies) can be managed in a more efficient way.
5. It facilitates the consultation process with providers.
When the quality and performance workbook is agreed, further development may merit consideration including:
- Rolling out the approach to other specialisms
- Developing a quality and performance database of providers
- Encouraging providers to undertake self assessments which the Councils could then validate
- Developing a web based reporting tool

The domains are as follows:

- Involvement and information
- Personalised care and support
- Safeguarding and safety
- Suitability of staffing
- Quality and management

The workbook also includes room to record case studies.

A weighting is given to each area within the domain which is separated into three main evidence areas: policy, user and staff which is then scored after which an action plan is drawn up with the provider and a report summary is included.

The council will also consider the approach to self assessment by the care homes which takes account of the risk and resource available for monitoring the need to share responsibility for quality with providers.

*Association of Directors of Social Services

Appendix 2 – My Home Life Vision

My Home Life's vision of best practice is underpinned by an evidence base developed by more than 60 academic researchers from Universities across the UK. Its eight themes identify what best practice in care homes for older people looks like in the 21st century. They are grouped into three different areas:

Those best practices which seek to personalise and individualise in homes – tailoring care to each individual:

- Maintaining Identity
- Creating Community
- Sharing Decision-making

Those which are concerned with what needs to be done to help resident, relatives and staff navigate their way through the journey of care:

- Managing Transitions
- Improving Health and Healthcare
- Supporting Good End of Life

Those concerned with the issues of leadership and management required to transform care into best practice:

- Keeping Workforce Fit for Purpose
- Promoting a Positive Culture