Report to: SINGLE COMMISSIONING BOARD

Date: 22 June 2017

Officer of Single **Commissioning Board**  Gill Gibson, Director of Nursing and Quality Anna Livingstone, Quality Assurance Officer

Subject:

CONTRACTUAL MONITORING AND QUALITY ASSURANCE -CARE HOMES AND CARE HOMES WITH NURSING BRIEFING

**Report Summary:** 

The purpose of this report is to inform the Board of planned work in relation to the contract monitoring and quality assurance processes for the Care Home and Care Home with Nursing Sector. The report provides a short overview of the CQC position for Care Homes and Care Homes with nursing in Tameside and Glossop. This includes a summary of the themes identified in Tameside homes where ratings within domains have been reported as "inadequate" or "requires improvement".

The report also provides an early update on planned areas of joint work in respect of contract monitoring and quality assurance for Tameside. This includes the intention to develop a full action plan which will be linked to the Greater Manchester Health and Social Care Partnership (GMHSCP) work programme and aligned to the recently approved proposal for Quality Improvement Team (QIT).

Recommendations:

The Single Commissioning Board is asked to:

- 1. Note the contents of the report; and
- 2. Support the initial actions which it is recommended are undertaken and which are identified at section 4 of this report.

# **Financial Implications:**

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	Quality Assurance proposal included within the £10.296 million non recurrent Adult Social Care additional funding (covering the three year period 2017/2018 to 2019/2020)			
CCG or TMBC Budget Allocation	TMBC			
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75			
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Single Commissioning Board			
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Not applicable at this stage			
Additional Comments				

This report should be considered alongside the Adult Social

Care investment proposals report presented to the Single Commissioning Board on 25 May 2017. The report included a proposal for investment to provide additional capacity to improve the quality assurance of care home provision across the locality.

**Legal Implications:** 

(Authorised by the Borough Solicitor)

As this paper is to update the Single Commissioning Board in principle on planned joint working in respect of quality assurance and contractual performance there are no specific legal implications. Legal advice should be sought as required during the initial action phase identified at section 4 of this report, if approved.

How do proposals align with Health & Wellbeing Strategy?

Strengthened joint working in respect of contract monitoring and quality assurance aim to support early identification or quality issues in respect of the Care Home and Care Home with Nursing Sector.

How do proposals align with Locality Plan?

A review is planned to ensure the current Care Home meeting structure and governance is appropriately aligned with the revised Single Commissioning Function and structures, particularly closer links with neighbourhoods.

How do proposals align with the Commissioning Strategy?

As above

Recommendations / views of the Professional Reference Group: This section is not applicable as the report is not received by the Professional Reference Group

Public and Patient Implications:

The purpose of the paper is to update the SCB in relation to joint working in relation to contractual performance and quality assurance. There is currently no impact on patients and the public, a full report will be provided to the SCB once an action plan has been developed and aligned to other areas of work including ongoing work within GMHSCP and the recently agreed proposal for a Quality Improvement Team.

**Quality Implications:** 

The aim is review current quality assurance and contract monitoring processes and to strengthen joint working. The overall aim is to support quality and safeguarding in the Care Home and Care Home with nursing sector.

How do the proposals help to reduce health inequalities?

As above.

What are the Equality and Diversity implications?

None currently.

What are the safeguarding implications?

The aim is review current quality assurance and contract monitoring processes and to strengthen joint working. The overall aim is to support quality and safeguarding in the Care Home and Care Home with nursing sector.

What are the Information Governance implications? Has a privacy impact assessment been There are no information governance implications. No privacy impact assessment has been conducted.

## conducted?

Risk Management: No current risks identified. A full risk/issues log will be developed

as part of the review of current contractual processes, quality

assurance and governance structures.

Access to Information: The background papers relating to this report can be inspected by

contacting Anna Livingstone, Quality Assurance Officer:

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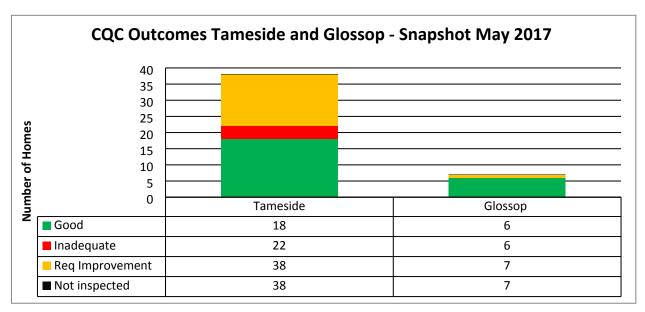
#### 1. INTRODUCTION

- 1.1 The purpose of this report is to:
  - Provide an overview of the current Care Quality Commission position for Care Homes and Care Homes with Nursing in Tameside and Glossop.
  - Provide an update regarding next steps and initial recommended actions in relation to contractual monitoring and quality assurance for the Single Commissioning Function in respect of the Care Home and Care Home with Nursing sector in Tameside<sup>1</sup>

# 2. CURRENT POSITION - CARE QUALITY COMMISSION - CARE HOMES AND CARE HOMES WITH NURSING (TAMESIDE AND GLOSSOP)

- 2.1 Historically, the performance of the care homes in Tameside (as noted by the CQC reports) has been good. This can be evidenced by the fact that in September 2014 there were only three areas of non-compliance with the regulations across all the care homes in Tameside. Based upon this position the contracts performance process changed from input driven to outcome focussed.
- 2.2 Under the revised Care Quality Commission methodology<sup>2</sup> all Care Homes in the Tameside and Glossop locality have now been inspected (May 2017). A summary of performance is provided in Graph 2.2.

**Graph 2.2: CQC Performance Summary – Tameside & Glossop May 2017** 



- 2.3 When looking at the Greater Manchester position Tameside and Glossop have an average percentage of 47.37% of homes rated as Good, compared to the GM average of 61%, the highest average is Bury which is at 93% and the lowest for Stockport at 37%<sup>3</sup>.
- 2.4 Further analysis of the Key Lines of Enquiry within the Care Quality Commission domains has revealed themes where homes have been rated "Requires Improvement" or "inadequate". A summary table is provided below.

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<sup>&</sup>lt;sup>1</sup> For Glossop there has been higher performance under the new CQC methodology and therefore initial focus is in Tameside where poor CQC performance has been noted.

<sup>&</sup>lt;sup>2</sup> www.cqc.org.uk

<sup>&</sup>lt;sup>3</sup> Based on data provided by Greater Manchester Health and Social Care Partnership March 17

Table 2.5: Tameside themes identified in homes rated "Requires Improvement" or "Inadequate" under CQC Domains – May 2017

Themes identified as "Requires Improvement" or "Inadequate" under CQC Domains – Tameside – May 2017				
Safe	Caring	Effective	Responsive	Well-led
Medicines	Dignity &	Personalised	Staff training,	Managers –
Management	Respect	Care planning	knowledge and	Registration
IPCC	Privacy	Care plans up to	skills	(changes in
Home	-	date	MCA/DOLS	leadership)
Environment &		Positive Activity	Consent	Effective Quality
Equipment				Monitoring Systems
Risk Assessments				Audits and Checks
				Incident Reporting
				& Investigation

# 3. NEXT STEPS - CARE HOME QUALITY ASSURANCE AND CONTRACT MONITORING

- 3.1 Due to the poor performance in respect of Care Quality Commission for Care Homes and Care Homes with Nursing in Tameside a review of current processes for contractual monitoring and quality assurance has been initiated. Whilst it is acknowledged that a significant amount of work and effort have been put in to supporting the Care Home and Care Home with Nursing Sector it is also acknowledged there are potential changes and improvements required. There is also a need to ensure alignment with ongoing work at Greater Manchester level and with the recently agreed proposal for a dedicated Quality Improvement Team.
- 3.2 Initial joint working has commenced to review current practice in respect of quality assurance and contract monitoring in Tameside. A joint meeting between the Nursing and Quality Directorate and Joint Commissioning Team has been held to review current governance, processes, and capacity and identify areas for potential improvement.

#### 4. INITIAL ACTIONS

4.1 A full Action Plan and accompanying Risk and Issues Log will be jointly developed by the Nursing & Quality and Joint Commissioning Team. The following initial actions are recommended:

# a. Contractual Performance Documentation and Quality Assurance Processes

- Joint review of all existing contractual performance documentation alongside CQC Key Lines of Enquiry and work being undertaken at Greater Manchester level.
- Utilise other models of good practice e.g. Bolton, Bury Models and Nottingham City Vanguard site and develop documentation where required.
- Review current capacity and training requirements to support any changes to contractual performance documentation/quality assurance processes.

# b. Contract Performance Database and Systems

- Review current contract performance systems and databases to ensure thematic issues are identified and early intervention is implemented.
- Review current systems for contract monitoring for people placed Out of Area (CHC)

# c. Governance and Intelligence

- Review all Terms of Reference and governance arrangements for meetings relating to contractual monitoring or intelligence sharing in respect of the sector.
- Review systems for gathering intelligence to ensure there are no missed opportunities and information is being fed to the appropriate lead. This will be particularly vital to ensure the recently agreed Quality Improvement Team is appropriately informed of any support required as soon as identified.

## d. Quality Improvement and Support

 Strong focus on supporting the Care Home Sector and identifying specific areas of support required in partnership with Care Homes. There will be a need to ensure that information gathered through contractual performance/quality assurance process as well as other intelligence routes is shared effectively with the recently agreed Quality Improvement Team.

#### 5. **RECOMMENDATIONS**

5.1 As set out on the front of the report.