

Report to: STRATEGIC COMMISSIONING BOARD

Date: 30 January 2018

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

Subject: **CONTRACTUAL MONITORING AND QUALITY ASSURANCE – CARE HOMES AND CARE HOMES WITH NURSING UPDATE**

Report Summary: The purpose of this report is for INFORMATION ONLY to update the Board on work in relation to the contract monitoring and quality assurance processes for the Care Home and Care Home with Nursing Sector. The quality improvement and assurance methods outlined in this report have shown real evidence of improvement both at a local and national level.

Recommendations: The Strategic Commissioning Board is asked to NOTE the contents of the report and SUPPORT the initial actions identified as part of early work undertaken.

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

Budget Allocation (if Investment Decision)	2017/18 £0.189m (Part year effect) 2018/19 £0.340m 2019/20 £0.355m Annual funding subject to inflationary increases from April 2020 onwards.
CCG or TMBC Budget Allocation	TMBC – improved Better Care Fund grant funding until 31 March 2020. Recurrent funding to be identified beyond this date.
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Benefits will initially be of a qualitative nature as the Quality Improvement Team (QIT) supports Care Homes to improve their CQC ratings. It is recommended that the QIT also work with Care Home providers to refine operating models with a view to adopting the most cost effective model. The financial benefits of this will be quantified as further information becomes available.

Legal Implications:
(Authorised by the Borough Solicitor)

The report itself does not present any legal implications that need to be considered by the Strategic Commissioning Board as it is for information only on planned joint working in respect of quality assurance and contractual performance. Any specific contractual issues or queries must be dealt with as appropriate.

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?	Care Home meeting structure and governance is to be 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 Health and Care Advisory Group:	This section is not applicable as the report is not received by the Health and Care Advisory Group.
Public and Patient Implications:	The purpose of the paper is to update the Strategic Commissioning Board in relation to contractual performance and quality assurance. There is currently no impact on patients and the public.
Quality Implications:	The focus has been the development of strengthened contractual performance and quality assurance processes which are linked to support available for the sector. 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 focus has been the development of strengthened contractual performance and quality assurance processes which are linked to support available for the sector. 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 conducted?	There are no information governance implications. No privacy impact assessment has been conducted.
Risk Management:	A project risk/issues log has been developed to inform the action plan.
Access to Information :	The background papers relating to this report can be inspected by contacting Anna Livingstone, Quality Assurance Officer, by  Telephone: 07854 034447  e-mail: annalivingstone@nhs.net

1. **PURPOSE**

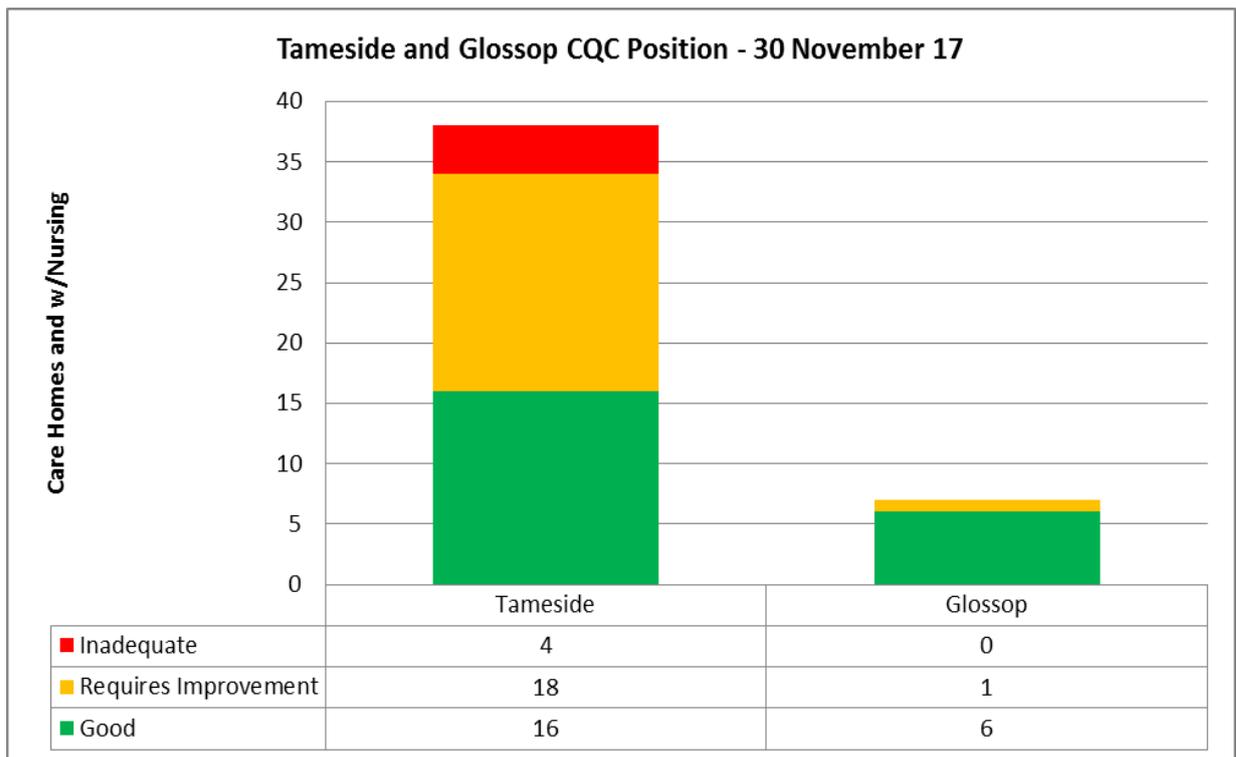
1.1 The purpose of this report is to update the Strategic Commissioning Board on the following:

- Updated Care Quality Commission Position for Care Homes and Care Homes with Nursing in Tameside and Glossop.
- Progress on revised contractual monitoring and quality assurance processes for the Single Commissioning Function in respect of the Care Home and Care Home with Nursing sector in Tameside¹.
- Quality improvement work initiated for the Care Home and Care Home with Nursing Sector.

2. **CARE QUALITY COMMISSION POSITION – TAMESIDE AND GLOSSOP – 30 NOVEMBER 17**

2.1 Under the revised Care Quality Commission (CQC) methodology² all Care Homes in the Tameside and Glossop locality have been inspected. A summary of performance as at 30 November 2017 is provided in Graph 2.1

Graph 2.1 – T&G Care Homes and with Nursing – CQC Performance 30 November 17



3. **CARE HOME QUALITY ASSURANCE AND CONTRACT MONITORING**

3.1 Due to the poor performance in respect of CQC for Care Homes and Care Homes with Nursing in Tameside a review of current processes for contractual monitoring and quality assurance was initiated in June 2017.

¹ 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.

² www.cqc.org.uk

- 3.2 An action plan informed by an associated risk/issues log was developed to focus the ongoing work. A working group to oversee the action plan has been established with membership from both the Nursing and Quality Team and Commissioning Team.
- 3.3 As part of the review of the Contract Performance and Quality Assurance Processes there has been a need identified for increased capacity within the current Contractual Performance Team in terms of both Contract Performance Officer and administration resource. A business case outlining the proposed additional requirements is being finalised by the Joint Commissioning Team.

4. CONTRACTUAL PERFORMANCE AND QUALITY ASSURANCE DOCUMENTATION AND PROCESSES UPDATE

- 4.1 A review of all existing contractual documentation was undertaken against the CQC Key Lines of Enquiry in July 2017. Other locality approaches to contract performance including Bolton, Nottingham City Vanguard, and Derbyshire County Council were reviewed as part of this process.
- 4.2 An engagement exercise was completed with Care Home and Care Home with Nursing Managers across Tameside in August 2017. This involved circulation of a short questionnaire to all Care Home and with Nursing Managers asking for views on a potential redesign of contract performance and quality assurance processes. Alignment to the revised CQC methodology was a theme within the engagement exercise. Preference was also shown for a monthly contractual return that was slimmed down and easier to complete than the existing quarterly contract monitoring tool.
- 4.3 Draft revised contractual performance and quality assurance documentation was initially presented to the Care Home and with Nursing Managers at an engagement event held in September. This included the following:
- A draft pre-visit questionnaire which is framed around The Independent Age 8 Quality Indicators and aligned to the CQC Key Lines of Enquiry. Elements of Nottingham City Vanguard and Derbyshire models had also been used to inform development. Two versions are in place due to additional questions for the Nursing Homes (linked to the Nursing and Midwifery Council Code).
 - A refined monthly contractual return with focus on staffing levels, staffing consistency alongside other indicators aimed to identify quality issues. The revised contractual return is based on the Bolton Model.

There was significant support for both the draft Pre-visit questionnaire and monthly return and agreement was obtained from 13 Homes to complete a base-line assessment of the pre-visit questionnaire by 31 October 2017. Results of this were presented at a follow-up engagement event held on 23 November 2017. All homes have now been written to regarding the new contractual performance and quality assurance arrangements which are being implemented from January 2018.

5. CONTRACTUAL PERFORMANCE AND QUALITY ASSURANCE LINKED TO QUALITY IMPROVEMENT

- 5.1 The Pre-visit questionnaire has been designed with the intention of identifying areas for support and improvement. The Managers are asked to identify levels of compliance with specific quality areas and supply associated evidence. This will then be used to inform the Annual Contractual Visit including any specific areas for focus and any resultant actions will be identified as part of the visit.

- 5.2 An accompanying database is being developed alongside the documentation with the aim to provide a Tameside picture of compliance. The aim of this is to provide an overall view of the locality so themes can be identified and any strategic support can be provided. Additionally, it should assist in identifying homes that are at risk or need intensive support from the Quality Improvement Team (please refer to section 7).
- 5.3 The monthly contractual return has been refined to use the key indicators identified by the Care Home data-set Group as supporting an understanding of quality. The decision to move to a monthly collection is based on the need for a more responsive approach to emergent issues.
- 5.4 Both the monthly contractual return data and outcomes of the contractual visits will be reviewed via the Care Home Data-set Group. Resultant actions are recorded on an action log and will be reported to the Quality Performance and Assurance Group (QPAG) on a bi-monthly basis. Individual Provider Action plans will continue to be monitored via the Joint Commissioning and Contract Performance Team.
- 5.5 A six month review of the outcomes of the new contractual performance and quality assurance processes is planned for July 2018. This is to ensure that any learning from the early implementation stages of the new processes is captured and refinements are made as required. Ongoing engagement events will continue to be held with the Care Home and with Nursing Managers in 2018.

6. CARE HOME QUALITY GOVERNANCE

- 6.1 At present existing governance arrangements are in place whilst the new documentation and processes are being established. It has been agreed there is a need for review of both meeting structure and representation. The aim is for strengthened alignment to neighbourhoods and representation from locality wide expertise e.g. Infection Prevention, Pressure Care Leads.
- 6.2 A governance proposal with the different options for oversight has been developed for review and agreement by the relevant Directors. There is a need to be mindful of current changes that are ongoing as part of the Care Together Programme.

7. QUALITY IMPROVEMENT TEAM

- 7.1 A Quality Improvement Team is being established to support independent providers across the health and social care sector in Tameside improve the quality of service provision delivered to vulnerable people.
- 7.2 The primary focus of the work will initially be on the Care and Nursing Home sector, with a particular focus on those homes rated “inadequate” by the CQC, and an overall aim that with the support on offer from the team all homes will achieve good or outstanding ratings. The team would then programme in time to extend the work across the Support at Home Service and more widely across supported accommodation.
- 7.3 The team will consist of a team manager, two social workers, one nurse and one medicines management technician. Recruitment has commenced and the Team Manager has been appointed (start date is being negotiated) and the two Social work posts are to be interviewed in the first week of January. Unfortunately the Medicines Management Technician and Nursing Post were not recruited to – these two posts will be advertised again in January 2018 as permanent posts in the hope that this will attract suitably qualified and experienced candidates.

8. INFECTION PREVENTION AND CONTROL

- 8.1 To improve infection prevention across the health economy an infection, prevention and control nurse (fixed term 12 months) has been commissioned specifically for Care Homes and Care Homes with Nursing. The aim of the post is delivery of best practice in all aspects of infection prevention practice and supporting education and training in the sector.
- 8.2 Audits were initiated in July 2017 and currently 40 out of 46 audits have now been undertaken. Of those audited 38 out of 40 have been found to be compliant (December 17 position). Following an audit the home receives a copy of the completed audit including scores, and an action plan for any identified issues, ongoing support is offered as required.
- 8.3 The Infection Prevention and Control (IPC) team have also set up a link meeting/programme for care homes which aims to support a collaborative approach to infection prevention and adherence to best practice. The IPC Leads presented a session at the 23 November Care Home Managers Event and a comprehensive section on IPC with associated tools and support offers is available on the Care Home Managers WebSpace. Additionally, a training day tailored for Care Home Staff is planned for 8 February 2018.

9. THE RED BAG INITIATIVE (THE HOSPITAL TRANSFER PATHWAY)

- 9.1 The Red Bag initiative has been developed as part of the national Vanguard programme (an NHS England New Care Models programme). It is a simple model of providing Care Home Residents with a Red Bag whilst transferring across the Care Pathway. The Red Bag contains standardised information including relevant clinical information, medication, existing medical conditions, "This is Me" documentation, and also has room for personal aids such as glasses, dentures, hearing aids and medication.
- 9.2 The Red Bag Scheme has been found to have a number of benefits³ including reduced length of stay for Care Home residents through quicker and better assessment, treatment and discharge as well as improved patient experience.
- 9.3 Early scoping work has been undertaken to implement the Red Bag Scheme in Tameside and Glossop. Bolton Clinical Commissioning Group has recently introduced the initiative and has provided advice and support on implementation of the model. Work has been initiated locally to develop the relevant templates and guidance for Care Homes and Care Homes with Nursing.
- 9.4 An initial action plan and early stakeholder mapping has been completed. Engagement work will need to be undertaken with all the relevant stakeholders. An introduction to the scheme has been presented to the Care Home Managers on the 23 November and to the Care Home Owners on 5 December 2017. An early pilot site has also been identified.

10. CARE HOME MANAGERS WEBSITE

- 10.1 A website⁴ has been developed to support local care home managers and staff in delivering high quality care by providing links to good practice and offers of support. Current sections include:

- CQC - Important information for Care Homes and with Nursing;

³ Sutton Homes of Care, The Hospital Transfer Pathway: The Red Bag Initiative Guide to Implementation

⁴ <http://www.tamesideandglossopccg.org/local-services/care-homes>

- Contract Monitoring and Quality Assurance;
- Safeguarding;
- Medicines Management;
- Pressure Care;
- Queries and Ideas;
- Tameside MBC Training;
- Infection Prevention and control;
- Older Peoples Mental Health and Dementia;
- End of Life Care.

10.2 The website contains links to both national information and local support and was launched at the 23 November Care Home Managers Event. Information will be continually updated and circulated to the Care Home and with Nursing Managers.

11. **PRESSURE ULCER CARE – “STOP THE PRESSURE” CAMPAIGN**

11.1 A “Stop The Pressure” campaign led by the Trust Lead Nurse for Tissue Viability is being offered to all care homes and with nursing across the locality. The campaign consists of:

- Full grading and Pressure Ulcer management training;
- Safety cross initiative;
- Skin integrity assessment (waterlow) training;
- Copies & information of all PowerPoints provided, as well as a Pressure Ulcer grading tool;
- Access to the trust tissue viability link nurse programme (9 month certificated programme).

11.2 At present 3 Care / nursing homes have signed up to the campaign, further promotion is required and an update was provided at the 23 November Event and is included on the Care Home Managers Webpace.

11.3 The Trust will also continue to be offering places on all Pressure Ulcer Prevention training, and Wound care training to Care Home and with Nursing Staff.

12. **MULTI-AGENCY SAFEGUARDING ADULT MANAGERS (SAM) DEVELOPMENT DAY AND TOOLKIT**

12.1 Tameside Adult Safeguarding Partnership Board organised and hosted a Multi-agency Safeguarding Adult Managers Development Day on 7 November 2017. Guest speakers included Care Quality Commission (CQC), Public Protection Investigation Unit (PPIU) and Integrated Neighbourhood Services. The session also included a focussed interactive session to support proportionality in adult safeguarding responses.

12.2 The Tameside Safeguarding Adult Managers Tool Kit was launched at the Development Day, this will be a live document with guidance and resources to support the Safeguarding Adult Managers role.

13. **PROGRAMME TO INVEST AND IMPROVE NURSES KNOWLEDGE (PINK)**

13.1 PINK (Programme to Invest and Improve Nurses Knowledge) was first launched in 2012 to nurses in care homes as an attempt to up skill the workforce in response to themes and trends identified within contract performance visits and safeguarding concerns.

13.2 The programme is a day a month for 4 months that is delivered by local services to ensure that nurses understand their accountability ensure they are offering care and appropriate referrals in line with local and national guidance. The sessions include safe administration of medication, tissue viability, managing nutrition, managing delirium, continence care, diabetes management and infection prevention. The programme last ran in 2016 but is being re-launched in April 2018

14. **NEXT STEPS**

14.1 At the follow-up Engagement Event with Care Home Managers held 23 November the Care Home Managers expressed a desire for ongoing engagement sessions in 2018. These have now been diaried and sessions from the Coroner and CQC are planned for the March Agenda.

14.2 Ongoing monitoring of the new arrangements for both the Contractual Performance and Quality Assurance Visits and monthly return are in place with the first meeting due to be held in February 2018. A full six month learning review is planned for July 2018. Further engagement sessions are planned with the Homes throughout 2018.

14.3 Recruitment for the Quality Improvement Team has been initiated with an aim for the team to be in post in early 2018.

15. **RECOMMENDATIONS**

15.1 As set out on the front of the report.