

Report To:	OVERVIEW PANEL
Date:	29 July 2019
Scrutiny Panel / Executive Member:	<p>Councillor Teresa Smith - Chair to Integrated Care and Wellbeing Scrutiny Panel</p> <p>Councillor Eleanor Wills – Executive Member (Health, Social Care and Population Health)</p>
Subject:	QUALITY OF TAMESIDE CARE HOMES
Report Summary:	<p>The Chair to Integrated Care and Wellbeing Scrutiny Panel to comment on the Executive Response (Appendix 1) to the scrutiny review into the Quality of Tameside Care Homes and the recommendations made to support future services (Appendix 2). To note that activity of the working group took place during the 2018/19 municipal year.</p>
Recommendations:	<ul style="list-style-type: none"> (i) To review options and plans beyond the medium-term funding allocated to the Quality Improvement Team. Should permanence arrangements be explored to deliver a long-term ambition to raise the quality of care in Tameside. (ii) To explore how the Council and partners can work to deliver a system and sector-wide approach to accessible training and development for care home staff, supporting the ambition to make working in care a positive career choice. (iii) To analysis the impact of the quality initiatives delivered, with the view to developing a detailed forward plan for 2019/20. (iv) To monitor the impact of care home closures on the improvement statistics and the impact that low bed occupancy rates within homes can have on a provider's ability to maintain quality standards. (v) That work is undertaken with providers to identify ways to further improve the bespoke support delivered and to highlight the individual quality triggers for all care homes the Quality Improvement Team work with.
Policy Implications:	<p>The review itself has no specific policy implications. Should the recommendations of this report be accepted by Tameside Council's Executive, the relevant services will need to assess the policy implications of putting individual recommendations in place.</p>
Financial Implications: (Authorised by the Section 151 Officer)	<p>Section 5.2 provides details of the established multi agency team (five posts) that supports the improvement of quality in Care Homes.</p> <p>The current annual cost of the team is £ 0.234 million and is financed via the improved Better Care Fund (iBCF). Members should note that the Strategic Commission received a non-recurrent iBCF allocation of £ 10.297 million for the period 2017/18 to 2019/20.</p> <p>Funding arrangements from 2020/21 are yet to be confirmed. The related cost will therefore need to be included as an ongoing</p>

liability within the Medium Term Financial Plan of the Strategic Commission if the existing arrangements are to continue. The announcement of future year funding allocations is expected during late Autumn 2019.

**Legal Implications:
(Authorised by the Borough
Solicitor)**

The Council will contract with a care home provider where it is either funding a person's care, or if there is a top-up fee to the care home, in which case there will be two contracts, one between whoever is paying the top-up and the local authority, and another between the local authority and the care home.

It is very important therefore that the Council effectively manages these contracts to ensure that value for money is provided, and that the person receives quality of care in accordance with the care home provider's contractual obligations.

The Council also has a statutory safeguarding role assigned to the Director of Adult Services, which it must fulfil diligently and in accordance with statutory requirements. Failure to do so can attract complaints to the Local Government and Social Case Ombudsman, judicial review challenges to the high court, and a requirement from the Coroner to the Chief Executive to produce a report under regulation 28 of the Coroners (Investigations) Regulations 2013 to prevent future deaths following an Inquest, each of which can be costly in terms of time and resources, and reputationally damaging.

Risk Management:

Reports of Scrutiny Panels are integral to processes which exist to hold the Executive of the authority to account

Access to Information:

The background papers relating to this report can be inspected by contacting Paul Radcliffe by:



Telephone: 0161 342 2199



e-mail: paul.radcliffe@tameside.gov.uk

APPENDIX 1

Post Scrutiny - Executive Response

In Respect of: Scrutiny Review into the Quality of Care Homes in Tameside

Date: 30 May 2019

Response of: Councillor Eleanor Wills, Executive Member (Health, Social Care and Population Health)
Dr Jamie Douglas, GP Member, CCG Governing Body

Coordinating Officer: Stephanie Butterworth, Director of Adult Services
Gill Gibson, Director of Quality and Safeguarding

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
1. To review options and plans beyond the medium-term funding allocated to the Quality Improvement Team. Should permanence arrangements be explored to deliver a long-term ambition to raise the quality of care in Tameside?	Accepted	As part of the MTFS a plan will be developed to make longer term decisions relating to the QIT. This will include a full evaluation of the ongoing effectiveness of the QIT.	Stephanie Butterworth / Gill Gibson	March 2020

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
2. To explore how the Council and partners can work to deliver a system and sector-wide approach to accessible training and development for care home staff, supporting the ambition to make working in care a positive career choice.	Accepted	As part of the improvement work a number of strategies are being rolled out across the system. This includes Registered Manager Programme and Teaching Care Homes Programme. Director is leading on GM Workforce Programme which has three aims for the workforce – Recruit, Retain, Grow.	Stephanie Butterworth / Gill Gibson	March 2020
3. To analyse the impact of the quality initiatives delivered, with the view to developing a detailed forward plan for 2019/20.	Accepted	Detailed forward plan will be produced that addresses ongoing work with 'Inadequate' providers, whilst at the same time working with 'Good' providers to secure ongoing improvement.	Jane Bennett	August 2019
4. To monitor the impact of care home closures on the improvement statistics and the impact that low bed occupancy rates within homes can have on a provider's ability to maintain quality standards.	Accepted	Ongoing market management forms part of overall contract performance monitoring.	Michelle Walsh / Tim Wilde	Ongoing with Year End position analysed
5. That work is undertaken with providers to identify ways to further improve the bespoke support delivered and to highlight the individual quality triggers for all care homes the Quality Improvement Team work with.	Accepted	This recommendation forms the core business for the Quality Improvement Team.	Jane Bennett	Ongoing

APPENDIX 2

1. INTRODUCTION

- 1.1 Improving standards of care and support for older people is a priority for the Council. In order for sustained improvements in the quality of care to be achieved there is a requirement to encourage the participation of residents receiving care, their family, other professionals and the wider community. Changes to the regulatory system and the number of quality improvement initiatives can also make it confusing to know where to start.
- 1.2 As well as checking whether care homes meet national required standards, the Care Quality Commission (CQC) has a role in service improvement. Inspectors will start by looking for evidence that the service is 'good', setting their expectations above the minimum acceptable standards needed for registration. Care home managers therefore need to:
- Know what a 'good' service looks like
 - Have a clear understanding of their service and how it is performing
 - Gather evidence to support their self-assessment

2. BACKGROUND

- 2.1 Following the request for care home information to be presented at a meeting of the Integrated Care and Wellbeing Scrutiny Panel on 13 September 2018, a working group was established to examine the quality and standards across residential and nursing home providers in Tameside. Scrutiny members are aware of the joint commissioning arrangements in place and the shared ambition to raise standards, with investment in a Quality Improvement Team (QIT).
- 2.2 The Council holds contractual powers to gain assurances that residents receive the appropriate level of care to meet their needs, with a further statutory safeguarding role assigned to the Director of Adult Services (DASS). Despite local performance monitoring arrangements the Council has no regulatory powers to inspect residential or nursing homes and this is undertaken by the CQC as the independent regulator of health and social care in England. It is important to note that the Care Act does give the Council a statutory role to intervene in the event of market failure.
- 2.3 Traditionally, local authority improvement work with care homes has tended to be in the form of routine monitoring with performance measures. Existing commissioning arrangements include an Enhanced Quality Scheme which is designed to financially incentivise providers to investment in their workforce, as well as demonstrating community engagement and using 'life stories' to enhance the quality of service. Further proxy measures include:
- The provider has organised 3 or more events that involve the wider community during the past 12 months.
 - 70% of residents with life stories completed within 2 months of the placement.
 - 85% of staff QCF qualified to level 2 and/or registered on a QCF level 2 course (excluding modern apprentices).
 - Registered manager qualified at level 4.
 - Completion of 6 steps or Gold Standard Framework Accredited.
 - The provider will have an overall CQC rating of 'Good' or 'Outstanding'.
 - The provider attends 75% of the Care Home Provider Forum meetings.
 - That 80% of the monthly monitoring forms are returned.
- 2.4 A new contract measure will be introduced in April 2019 to change the enhanced payment criteria. This now stipulates that providers need to be rated at least 'Good' by the CQC in order to apply for the additional payment. The contract also changed the Key Performance

Indicators reported and there are multiagency meetings to discuss these indicators to identify actions.

- 2.5 As of September 2018 there were 38 care homes in Tameside providing a total of 1606 beds. The market is separated between 27 residential homes (1038 beds) and 11 nursing homes (568 beds). The CQC inspection breakdown was:
- 0 providers rated Outstanding
 - 20 providers rated Good
 - 13 providers rated Requires Improvement
 - 3 providers rated Inadequate
 - 2 providers yet to be inspected
- 2.6 A single national provider (HC-One) supplies more than 40% of all care home beds in Tameside. The CQC rating profile for HC-One showed 37.5% (6 homes) rated 'Good', compared with the local rate of 52.6% from the figures shown in paragraph 1.3.

3. QUALITY STANDARDS

- 3.1 The Care Quality Commission (CQC) registers and inspects every care home in England. All homes are inspected on a 'regular basis', with frequency determined by the current rating of each home. The inspection methodology focuses on five key lines of enquiry (KLOE), prompts and sources of evidence to inform the overall judgement rating.
- 3.2 As part of the CQC inspection process, performance against the each of the five domains is rated to be Outstanding, Good, Requires Improvement or Inadequate. The table below provides further detail of the inspection process against each area.

CQC – Key Lines of Enquiry	
Is it safe?	<ul style="list-style-type: none"> - Safeguarding and protection from abuse - Managing risks - Suitable staff and staff cover - Medicines management - Infection control - Learning when things go wrong
Is it effective?	<ul style="list-style-type: none"> - Assessing needs and delivering evidence-based treatment - Staff skills and knowledge - Nutrition and hydration - How staff, teams and services work together - Supporting people to live healthier lives - Accessible premises - Consent to care and treatment - Kindness, respect and compassion - Involving people in decisions about their care - Privacy and dignity
Is it responsive?	<ul style="list-style-type: none"> - Person-centred care - Concerns and complaints - End of life care
Is it well-led?	<ul style="list-style-type: none"> - Vision and strategy - Governance and management - Engagement and involvement - Learning, improvement and innovation - Working in partnership

4. CONTRACTS PERFORMANCE

- 4.1 Feedback from contracts performance visits is routinely shared with care homes managers and highlights areas for attention to be focused. Recent (March 2019) priorities include:
- Staff training, supervision and competency assessments
 - Deprivation of Liberty Safeguards, Mental Capacity Act & consent
 - Supporting residents with dementia
 - Activities and connecting to the local community
 - Medications management & administration
 - The care home environment (making it more dementia friendly)
 - Embedding quality assurance systems
- 4.2 Contract Performance Officers provide a proactive presence in care homes to support and assist improvement. A website is also available to support local care homes by providing links to good practice at www.tamesideandglossopccg.org/local-services/care-homes.
- 4.3 Senior managers within Adult Services receive regular updates when a CQC report is issued, along with any actions to be undertaken by services. Activity is also undertaken to ensure consideration is given to likely outcomes from CQC visits. The Strategic Commissioning Board also receive regular quality assurance updates about the care sector, to pick up on both areas of concern and good examples of improvement practice.
- 4.4 The Quarter 4 Care Home Manager's Forum took place on 24 January 2019, the following sessions were included on the agenda:
- Community Involvement – Public Health.
 - Oral Health – Be Well Team.
 - Medicines Management Update.
 - Learning from Falls – Sunnyside Care Home and Quality Improvement Team.

5. QUALITY IMPROVEMENT TEAM (QIT)

- 5.1 The Quality Improvement Team was created to provide direct support to independent providers across the health and social care sector in Tameside, with the overarching need to improve the quality of service provision. The team's primary focus was to be placed on current homes rated 'Inadequate' and 'Requires Improvement', with the drive to raise standards and to improve ratings to 'Good' and 'Outstanding'. Future options may be explored to extend priorities to include the Support at Home Service and Supported Accommodation.
- 5.2 The team is multi-agency and consists of a Team Manager, two Social Workers, one Nurse and one Medicines Management Technician, with a full complement of staff reached in May 2018. The team is hosted in the Quality and Safeguarding Directorate of the CCG.
- 5.3 It is important that team members develop and maintain strong working relationships with care home owners and managers in order to provide the levels of direct support needed to improve practice standards. The levels of support can be broken down by provider, as:
- High – Inadequate provider.
 - Medium – Requires Improvement provider.
 - Low – Good provider.
- 5.4 Benefits will initially be of a qualitative nature as the team supports each care home to improve the CQC rating. It is also recommended that further work is undertaken to refine operating models with a view to adopting the most cost effective model. Common support themes emerging across providers include that of leadership, workforce culture and development, mental capacity, policies, systems, processes and medicines management.

The team will explore ways to unblock barriers, source training and education opportunities, develop partnership links and seek to address any knowledge and experience gaps.

- 5.5 The support is offered through a supportive model (PQuIP) which involves partnership working with the care home in a non-judgemental way to identify areas for improvement. There is a broad offer to provide support around leadership, guidance, advice, expertise and to ultimately promote best practice to improve outcomes for residents and to meet CQC standards. The team will also undertake work with providers to develop a bespoke improvement plan.
- 5.6 A 'Buddy Scheme' was launched in December 2018 and is a supportive arrangement between new and existing residential and nursing home managers, with a purpose to offer operational support to new managers who move into the borough.

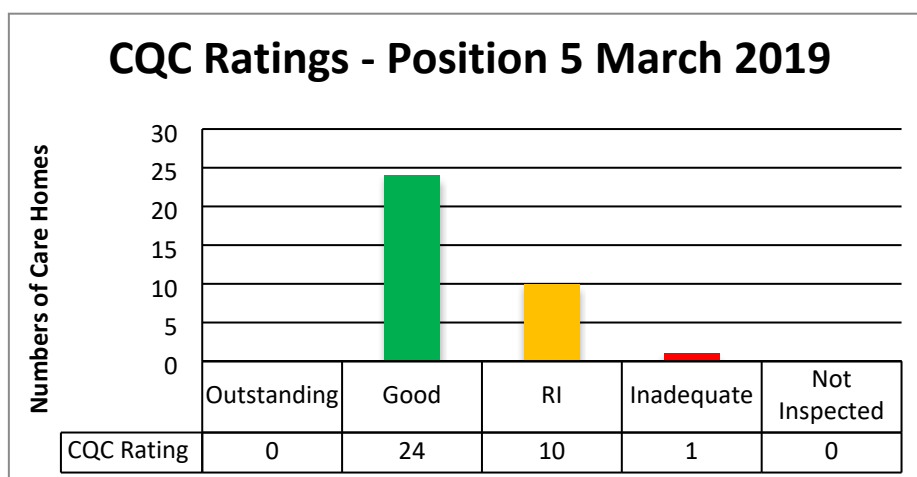
QIT initiatives offered in Quarter 3 of 2018/19

Quality Initiative	Provider	Homes Involved
Oral health	Be Well Tameside	Majority of homes have now received training
Tameside & Glossop Red Bag Scheme	Tameside & Glossop CCG	The team continue to support care home managers with the implementation of the scheme
Neighbourhood Meetings	QIT team	QIT are now linked in with Neighbourhoods and attend meetings
Care Home Quality Review Group	Strategic Commission	QIT Team Leader represents at Care Home Quality Review Group
Medicines Management	QIT team Meds technicians	All Inadequate and Requires Improvement Care homes have now been audited and those that have failed are receiving ongoing support from meds tech and QIT team.
Staff Development	QIT team, Local Authority, Strategic Commission	Refresh of Training Consortium Steering Group. This work is ongoing
Tissue Viability and Infection Prevention	Tameside & Glossop ICFT	QIT team continue to work with ICFT infection prevention team and Tissue Viability team
6 Steps Celebration event	ICFT Palliative Care Team	Celebration event held in Qtr 3 for 7 homes that have completed 6 steps programme. Programme will be offered to all care homes in 2019 alongside a programme of palliative and end of life care training for care staff.
Buddy Scheme	Tameside & Glossop CCG QIT team	Buddy Scheme launched in Qtr 3 to all homes
Teaching Care homes	GM	Offered to homes who met criteria for consideration. 1 Care home signed up in Tameside.

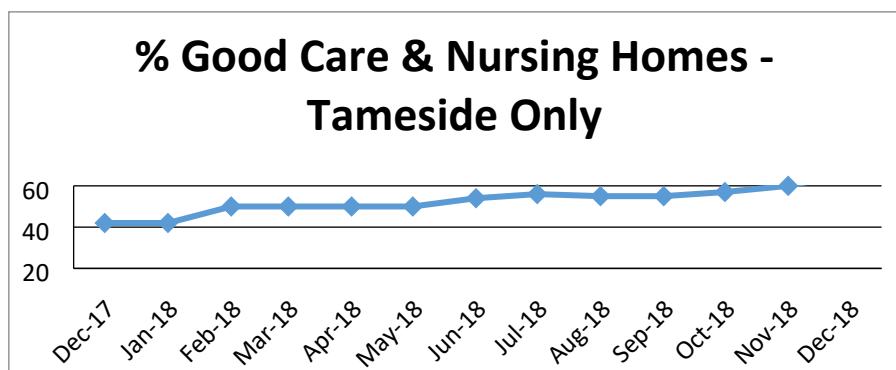
6. QUALITY OF CARE IN TAMESIDE (MARCH 2019)

- 6.1 The number of care homes rated 'Good' in Tameside has improved from 42% to 69% (accurate as at the 5 March 2019). There remains one home rated Inadequate and the Quality Improvement Team continue to support the provider to make service improvements. A re-inspection commenced on 22 January 2019, with the home now awaiting the final judgement.
- 6.2 The home remains suspended from new admissions and this will continue until the CQC rating is improved. Current residents are not deemed to be at risk and feedback from residents and families is positive.

CQC ratings across residential and nursing homes in Tameside (March 2019)



- 6.3 The graph below was shared with the care homes managers at a meeting on the 24 January 2019.



- 6.4 Additional information shared with senior managers includes (accurate as of the 5 March 2019). The data shows that only 2% of care home beds in Tameside are within 'Inadequate' provision:

CQC Rating	No. of Homes	No. of beds
Outstanding	0	0
Good	24	989
RI	10	478
Inadequate	1	30
	35	1497

7. NEXT STEPS

7.1 Some of the planned next steps include:

- Continue to Challenge inadequate provision.
- Continue to support improvement across the whole care home sector.
- Risk assessment undertaken to ensure homes are maintaining CQC standards between inspections.
- System challenge where inequalities are identified regarding access to services.
- Support care homes to maintain improved practice standards.
- Support to providers in relation to workforce issues – e.g. effective supervisions and competency assessments.
- To explore options to better support providers with workforce training needs.
- Contracts performance visits will be undertaken twice a year – one announced visit and one unannounced visit.

8. RECOMMENDATIONS

8.1 As set out on the front of the report.