

**2 March 2015****Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR FOR ACCESS AND PUBLIC  
PROTECTION****MEMBERS' VISITS TO COUNCIL AND INDEPENDENT SECTOR CARE  
HOMES****Purpose of the report**

1. The report recommends a process for involving Members in quality monitoring visits to Council owned and independent sector care homes.

**Information and advice**

2. For a number of years the department has arranged visits by elected Members to Council owned care services. This allowed interested Members to undertake a review of the service provided and to give feedback to the department about aspects of the service they felt needed improvement. This has included the Care and Support Centres, day services, short breaks services and supported employment.
3. In 2012 the 'rota visits' system was reviewed and continued, with at least 17 Members from across the political groups subsequently undertaking visits. However, in view of plans to review and strengthen governance around the care home sector, it is felt prudent to review the programme for Member involvement in care home scrutiny, prior to further work to involve Members with day services, short breaks and supported employment oversight.

**Context**

4. The authority has recently successfully piloted a new multi-agency quality audit framework and methodology for the care home sector; as this new approach is rolled out, it is suggested that this would be a good opportunity to re-launch the involvement of all interested Members in this quality assurance role, and to make arrangements for them to participate in some of the Council's quality monitoring visits across its independent sector provision, and Care & Support Centres.
5. An overview of the quality audit methodology was previously shared with Members. Those Members who expressed an interest in being part of the panel would be supported through the specific expectations of their involvement. provided with support and officer advice (see 18b). This would include recommendations on how to select which visits to attend, how long each visit could be, how Members might liaise with staff and people living at the home as well as how they would record and handover any findings.
6. In planning the new quality audit framework, a risk based approach to scheduling was adopted, which enables the authority to focus the completion of audits at services where intelligence suggests outcomes for people require improvement. The intelligence includes

information requested from providers and once analysed offers evidence about how the service is managed and quality measured.

7. From the analysis of the desk top information and recent historic records, a work programme of annual quality audits has been established for all care homes for older people. This work programme maps dates of annual quality audits for each of the older people's care homes across the county between April and January of the following year.
8. A similar risk based work programme has also been established to support the completion of quality audits for care homes for younger adults.
9. The dates of the planned audits are not shared with the providers or managers to facilitate an unannounced approach. This approach had been previously discussed with providers and although initially resisted has since proved to be both understood as more effective and accepted. This methodology has enabled officers to ensure that people who are accommodated at the home are at the heart of our processes and gather a more accurate and current picture of their lived experience than was possible through previous methodology.
10. The confidential work programme audit dates would be shared with Members on the visit panel to enable them to plan which care home visits they wished to participate in.
11. The quality audit has been designed to provide an holistic picture of quality of care and support outcomes for people accommodated at the service. The tools and methodology used are equally applicable across residential, day services and 'care support and enablement' services.
12. Using the audit tools and methodology designed, an assessment is made in relation to the following five outcome areas:
  - People's experience of person centred support
  - People's lived experience
  - People being protected from harm
  - People who use services are supported by competent staff
  - Services are managed effectively
13. This new methodology puts people who use services at the heart of the audit. Their views, opinions, wishes, lived experience and involvement in the running of the service provide key evidence about the quality of care and support. To that end sample questions have been prepared in relation to each of the outcome areas to help gather people's voice about a service.
14. Whilst direct quotes from people who experience a service are an excellent source of evidence, it is recognised that there are a significant number of people in receipt of care who audit staff might not be able to communicate with because of their ill-health. In such instances, the questions can be used as triggers for observation of staff practice and outcomes for people.
15. The refined audit and quality monitoring methodology now requires that a significant period of time is spent talking with people who use services and observing the lived experience. It is thought that if Members visiting Council and independent sector care services adopted the same methodology, a consistent and rich vein of evidence about

care outcomes for people would be gathered. This would help to assure local Members about the provision of high quality service delivery for citizens of their ward or support the identification of those in need of further support to improve with the help of the Council.

16. It is proposed that evidence from Members' findings would inform the quality audits and quality monitoring visit reports prior to issue to the providers and also be reviewed at the monthly quality board, ensuring consistency and robustness of evidence.
17. Members would also be able to participate in quality monitoring visits to care homes using the same methodology detailed below should they be available and wish to attend. These dates are usually not planned as they are primarily responsive to information of concern and therefore offer less flexibility in arranging and conducting. Where a service is being routinely monitored because of identified concerns, a plan of visits is developed and this could be shared with Members who wished to be involved.
18. The suggested methodology for Member visits is as follows:
  - a. The cross-party Member panel will be re-launched, with additional interested Members coming forward to be involved
  - b. The Team Manager responsible for monitoring care quality in care homes will liaise with Members on the panel to arrange for a walk through of audit methodology, sample questions and the template for recording findings.
  - c. Members will be encouraged to shadow the quality audit process, after which they can determine which audits they wish to visit and report on.
  - d. After each visit is completed Members would complete the reporting template and return it to the lead Quality Development Officer (QDO) for the service within a week of the audit to allow compilation of the findings with other evidence. A list of care homes allocated to each QDO will be shared with Members to facilitate this.
  - e. The Quality Development Officer will respond to the Member with details of how the information has been, or is to be used within 2 weeks of receipt.
  - f. The monthly quality board and risk review panels will be used to evaluate Members' input and feedback into the quarterly reporting to the Adult Social Care and Health committee regarding the care home sector.

## **Implications for Service Users**

19. People in receipt of care and support are often in the vulnerable positions through being placed in care homes. It is imperative that the services that they receive are of good quality and are delivered with dignity and respect. The proposals in this report seek to reduce and wherever possible eliminate poor quality care home provision whilst at the same time supporting the development of further high quality care home services through improved partnership working.

## **Statutory and Policy Implications**

20. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

21. It is recommended that Committee:

- 1) approves the methodology for Member visits to care homes, as stated in paragraph 18; and
- 2) receives a further report in June 2015 giving an overview of the refreshed arrangements and proposing Member involvement in quality audit of other types of adult social care.

**Paul McKay**  
**Service Director for Access and Public Protection**  
**Adult Social Care, Health and Public Protection**

**For any enquiries about this report please contact:**  
Rosamunde Willis-Read  
Project Manager for Strategic Quality and Risk Manager  
Market Development Team  
Tel: 07824361288

Email: Rosamunde.Willis-Read@nottsccl.gov.uk

### **Constitutional Comments (SLB 03/02/2015)**

22. Adult Social Care and Health Committee is the appropriate body to consider the content of this report.

### **Financial Comments (KAS 04/02/15)**

23. There are no financial implications contained within the report.

### **Background Papers**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972. - None

**Electoral Division(s) and Member(s) Affected** - All