Quality in care services

Vicki Wells – CQC, Regional Head of Compliance

Caroline Baria – Adult Social Care, Health and Public Protection

Amanda Sullivan – Chief Officer, Newark and Sherwood Clinical Commissioning Group and for Mansfield and Ashfield Clinical Commissioning Group

Health Lead Commissioner, Safeguarding Adults

Anita Astle – Workforce Development Lead and Provider Representative

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Roles and Responsibilities of Key Statutory Agencies

To meet statutory duties, including:

For CQC:

- ensuring that providers of care services are registered

- ensuring services are regulated against National Minimum Standards

For the Council:

- ensuring service users are assessed and funding is arranged for them as and where required

- ensuring there are sufficient care and support providers and services available to meet the assessed health and social care needs of the citizens of Nottinghamshire

- ensuring that there is a well developed and trained workforce locally which is able to deliver health care and social care services

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Roles and Responsibilities (2)

- Nottinghamshire Safeguarding Adults Board

- To ensure all key statutory agencies, including the police, probation, health services, social care services, and the CQC comply with multi-agency safeguarding policies and procedures

- To oversee the work of the above statutory agencies in ensuring that vulnerable adults at risk of harm are properly safeguarded

- To oversee the implementation of the Mental Capacity Act, 2005 and to ensure safeguards are in place for people who lack capacity

- To oversee Serious Case Reviews following the death or serious injury to a vulnerable adult where abuse or neglect is a factor, and to report on lessons learnt from the findings

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Working together to oversee quality...

Together with partner agencies, the Council is proactive in creating an environment for providers to develop good quality services.

Various initiatives include:

- Fair Price for Care Framework - rewarding good quality care services

- Annual Quality Audits and follow–up support and advice as required

- Investment in training and workforce development

- Market Position Statement

- Dignity in Care including Dignity Champions

- Provider Forums sharing best practice

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Ensuring processes are in place to address concerns…

The Council works with key agencies to ensure that where problems do arise, they are addressed promptly and comprehensively.

The various processes include:

- - Information Sharing with CQC, health partners, City Council
- - Joint monitoring visits between health's Quality Monitoring Officers and the Council's Quality Development Officers
- - Input in to individual safeguarding investigations
- - Risk escalation processes including suspension of contracts

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The role of CQC

Vicki Wells HoRC
Central East

The Health and Social Care Act 2008 introduced for the first time a common set of standards – the essential standards of quality and safety – that apply across all regulated health care and adult social care services in England. Working to this new regime, CQC registered all NHS trusts and hospitals from April 2010 and independent healthcare and social care providers from October 2010.

Three factors that contribute to poor quality services

1. Providers who try to manage with high staff vacancy rates or staff with the wrong mix of skills

2. An attitude to care that is task-based not person-centred

3. A care culture where unacceptable care becomes the norm

State of Care November 2012

Nottinghamshire County Council

We are working with others to improve understanding in two areas

- **The shape of the market**
  - Trends in who is delivering care.
  - Where organisations provide services to the private and public sectors.
  - How demand varies with supply by sector.
  - The consolidation and fragmentation occurring in sectors.

- **The quality of provision**
  - The quality of care for private buyers and
  - the public.
  - The link between commissioning of services
  - and quality.
  - Trends in quality in each sector over time.
  - These developments will support CQC in its purpose

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CQC proposes six strategic priorities

1. Making greater use of information and evidence to achieve the greatest impact.

2. Strengthening how it works with strategic partners.

3. Continuing to build better relationships with the public

CQC proposes six strategic priorities

4. Building its relationships with organisations providing care.

5. Strengthening the delivery of its unique responsibilities on mental health and mental capacity.

6. Continuing its drive to become a high-performing organisation.

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Strategy

- We want your views on various aspects of our work to help us set out our strategy for the next three years.
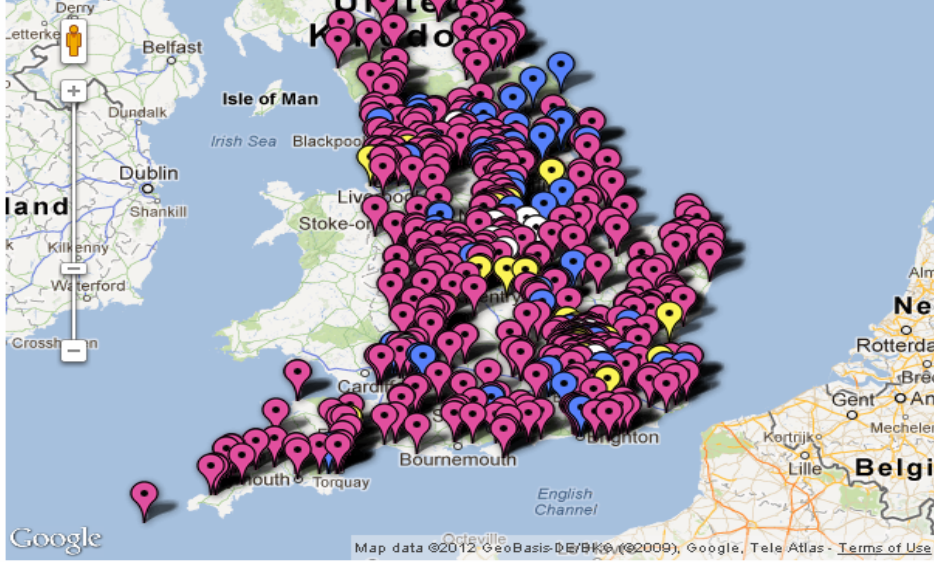
Find out how to get involved

http://www.cqc.org.uk/thenextphase

The next phase

www.cqc.org.uk

The Role of the Council

- Contracts with providers of care services

- Annual audit process of all care homes and home care agencies

- Addressing complaints

- Risk escalation, contract suspensions, termination of contracts

- Workforce development, including:

  - provision of training
  - support to access training
  - provider forums sharing best practice

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The Role of Health Agencies

- Commissioners ensure individuals with health needs (NHS funding) have appropriate packages of care

- Ongoing assessments of need

- Health interventions – GP, community nurses

- Quality monitoring and escalation of concerns

- Intelligence sharing and tackling poor practice

- Facilitation of service improvements (e.g. Infection prevention and control, medicines management, nursing standards)

- Leadership Training
- Coaching and Mentoring Training
- Action Learning Sets
- Dementia Training
- Gold Standard Framework Accreditation
- Skills Academy & Time Banking

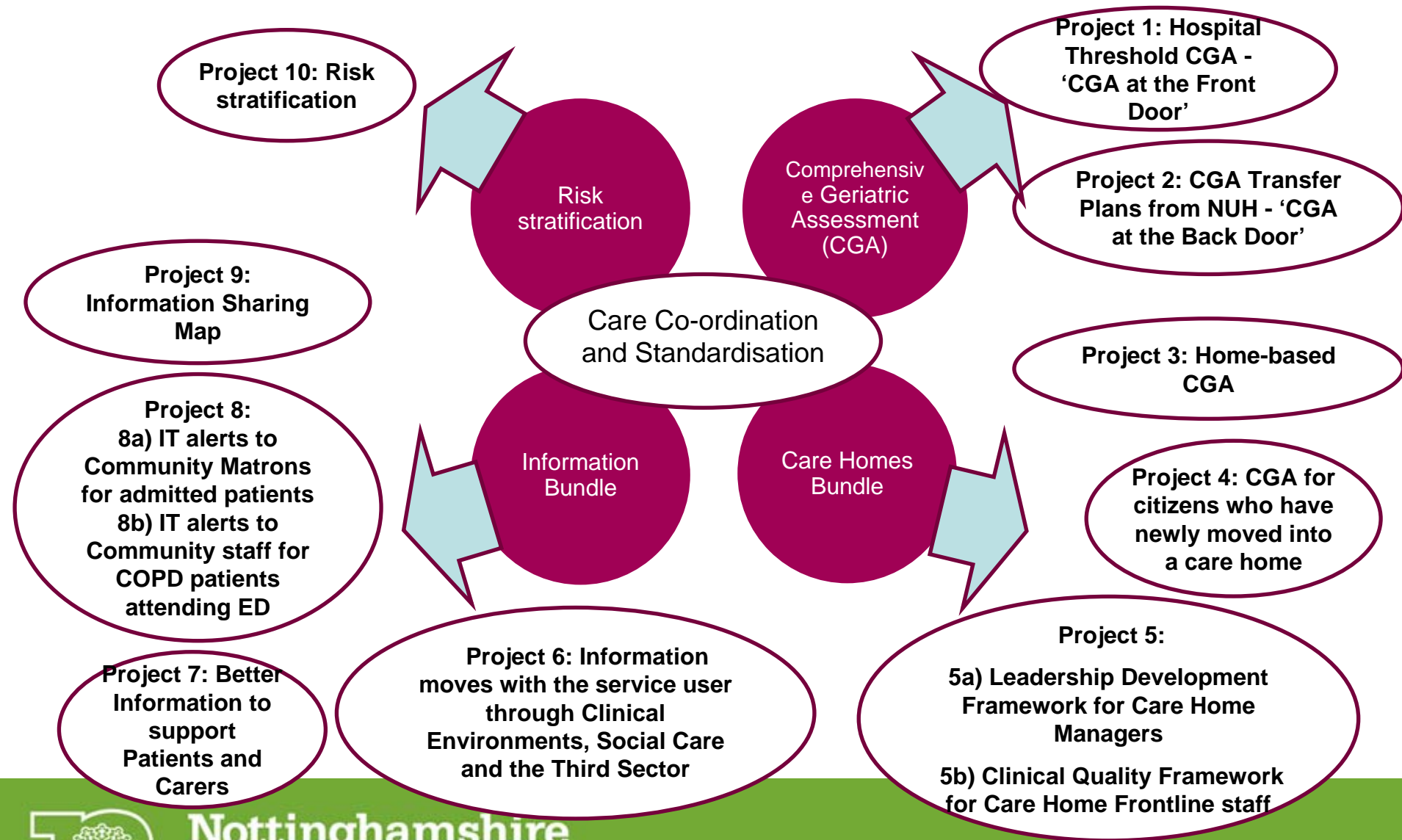Nottinghamshire Care Association
Representing care homes in Nottinghamshire and the City of Nottingham

- Working Collaboratively with ASCHPP
- Supporting Quality Framework & Monitoring
- Showcases best practice
- Supports Care Homes to implement change
- Supports research (Mirror Project)
- Responds to sector relevant consultations.

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The Community Programme: Bundles and Projects

Project 10: Risk stratification

Project 1: Hospital Threshold CGA - 'CGA at the Front Door'

Risk stratification

Comprehensive Geriatric Assessment (CGA)

Project 2: CGA Transfer Plans from NUH - 'CGA at the Back Door'

Project 9: Information Sharing Map

Care Co-ordination and Standardisation

Project 3: Home-based CGA

Project 8:
8a) IT alerts to Community Matrons for admitted patients
8b) IT alerts to Community staff for COPD patients attending ED

Information Bundle

Care Homes Bundle

Project 4: CGA for citizens who have newly moved into a care home

Project 7: Better Information to support Patients and Carers

Project 6: Information moves with the service user through Clinical Environments, Social Care and the Third Sector

Project 5:

5a) Leadership Development Framework for Care Home Managers

5b) Clinical Quality Framework for Care Home Frontline staff

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Eight best practice themes

- Managing Transitions
- Maintaining Identity
- Creating Community
- Sharing Decision Making
- Improving Health and Healthcare
- Supporting good End of Life Care
- Keeping Workforce fit for Purpose
- Promoting a positive culture