



**10 July 2017**

**Agenda Item: 8**

**REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING  
ACCESS AND SAFEGUARDING**

**QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND  
MONITORING ACTIVITY**

**Purpose of the Report**

1. The purpose of this report is to provide an update about some of the work undertaken within the Quality & Market Management Team (QMMT) including;
  - quality monitoring activity of residential and nursing care homes across the County
  - to advise about the care homes that currently have had their contracts with the Council suspended.
2. The report also advises Committee about the proposed plan for Members to undertake visits to care homes as a part of the quality monitoring of the services and seeks approval of the proposal.

**Information and Advice**

3. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any particular person (including the Council).
4. The QMMT has responsibility for monitoring both community and care home services for adults over the age of 18 years. This includes care homes for both older and younger adults, Care Support and Enablement Services (Supported Living), Home Care and Day Care. In total there are over 350 providers delivering a range of services.
5. The Care Act 2014 places a duty on all local authorities in terms of them shaping the market to ensure that sufficient capacity is available for everyone living within the County whether they pay for the service themselves or whether they are supported by the Council.
6. There are currently 293 care homes in Nottinghamshire for both older and younger adults, 172 are for older adults and 121 for younger adults. Some of the homes are residential homes and some are nursing homes. The difference between the two is that

nursing homes have nurses on duty within the home 24 hours a day along with care support staff, and residential care homes do not employ nurses. Whilst people with very complex care needs live in residential homes, people in nursing homes need constant medical support which can be only be provided by nurses such as the dressing of wounds or the administration of some medications.

7. The number of care homes in Nottinghamshire is rising slowly and the Council is currently aware of five further care homes that are to be built in Worksop, Bingham, Chilwell, West Bridgford and the Ashfield District. One of the homes has 80 bedrooms and the rest it is understood at this point are to have 60 bedrooms, which will mean 320 additional beds available in the new homes.
8. However, whilst the Council is aware of the homes it does not have any say in where or how many homes are built, or whether the new homes will support people that need nursing care or residential care. This is relevant for both older and younger adults.
9. For older people there is a need for more nursing homes across the County and also more care homes that can support people with dementia. In Mansfield and Ashfield there is an over-provision of residential care homes and providers often contact the Council to advise that they have vacancies. This can be a problem for them in terms of ensuring that their care home is financially viable.
10. It is also already known that there is a shortage of specialist residential care placements for young people with complex care needs coming out of long stay hospitals. They need to have support that will promote their skills and enable them to be able to move in to supported living accommodation in the community over time. This type of support requires investment from providers as the more traditional care homes do not have appropriate facilities and self-contained accommodation that enables independence.
11. Whilst the Council is limited in what it can do regarding care homes that open without consultation, officers do liaise with district and borough councils and discuss the needs of local people and social care support that is available locally and the current gaps in the market. An annual Market Position Statement is also published on the Council's web site and on the Notts Help Yourself website; this explains the Council's commissioning intentions for the coming year. Ultimately though the decision about whether a care home will be built is down to individual service providers.
12. However, the impact of having an over-provision of care homes in some areas is that providers have vacancies within their homes which in turn means that their service may become financially unviable if high occupancy is not maintained. Over the past 12 months three older adults care homes (78 beds) and two younger adults care homes (15 beds) have closed making a total of 93 beds lost in the sector.
13. Providers are encouraged to look at developing services to support people with more complex care needs like dementia and providing services in different ways, for example by inviting people to have meals at the home, by offering respite for carers for short periods during the day or evening, or organising events for local people. A number of homes are developing in this way and becoming much more a part of their local community. Where people are able to build a relationship with a local care home they

may then feel more confident if support is needed in the future either for individuals themselves or for carers to have respite support.

14. Providers are also experiencing issues regarding recruitment and retention of managers and also nursing staff which is a national issue. One way that the Council in Nottinghamshire is supporting providers is by developing support networks for managers to meet and Continuous Professional Development (CPD) opportunities and network forums for nurses. The forums for nurses are arranged by health colleagues across the County. Experience has shown that where a service does not have an established manager then there are more likely to be quality issues with the service because of a lack of leadership.
15. The QMMT also works with Optimum which is a workforce development company that used to be a part of the Council but now sits outside of the organisation. Optimum distributes grant funding and is able to support providers in a number of ways, including accessing funding for training and follow up competency assessments. They also work with QMM staff to focus on homes that have had issues raised as a part of the quality monitoring and support and advise them in making required improvements to their service.
16. The Council has a proactive relationship with providers which includes both the Nottingham Care Association and individual providers who are not members of the association. Over several years it has undertaken detailed work with providers looking at fees in an attempt to ensure that it pays a fair price for care placements. As a part of the Council's Care Act duty to ensure that there is a sustainable and viable care home market across the County for both people that are funded by the Council and also for people that fund their own care, it is looking to review the previous Fair Price for Care Framework.
17. Older adults care homes are paid via a quality banding system which was introduced in 2008 and is unique to Nottinghamshire. There are five bands with band 5 being the highest quality. It is important to note that all of the homes are registered with the Care Quality Commission (CQC) and must have met their regulatory standards to be so.
18. The table below shows the bandings in 2008 compared to 2016/17; it shows very clearly how the quality of the care homes has improved as there are far more band 4 and band 5 homes now than there were previously;

Banding	2008/2009	2016/2017
Band 5	2	64
Band 4	21	36
Band 3	57	30
Band 2	46	20
Band 1	37	22
Total	163	172

19. Younger adult care homes are not paid via the banding system, they are paid on individual placements dependent on the individual's needs. They are audited in the same way as older adults care homes.

20. In addition to the quality audits older adults care homes can also apply for the Dementia Quality Mark (DQM) which attracts a payment for individuals where the service provides exceptional innovative support to people with dementia. It is anticipated that 30 homes will be awarded the DQM for 2017/18 which is a similar figure to the previous year.
21. The quality monitoring of care services, including the annual quality audit, is undertaken by Quality Monitoring Officers (QMOs) and over the past year they have been working differently and have been allocated a portfolio of care homes. They are then able to have an overview of the service and be better placed to be more responsive in supporting homes where there may be issues.
22. The team is also continuing to work with the CQC and the individual Clinical Commissioning Groups (CCGs) across the County and joint visits are also now being undertaken where possible. Where concerns about a service have been indicated a meeting is arranged with partners to address the concerns together and have a proactive approach to support the provider and the residents and also their families.
23. The team holds regular information sharing meetings which are also attended by representatives from local CCGs, CQC, Healthwatch, operational teams and the Multi-Agency Safeguarding Hub (MASH). The sharing of information and local intelligence enables the team to take a more proactive approach to quality monitoring and they now visit care homes more regularly than the annual visit to undertake the quality audit.
24. The audit tool used is currently being reviewed and adapted so that it is possible to highlight good practice and ensure that the “lived experience” of residents within a service is as good as it can possibly be and also that staff and providers are encouraged and supported to share their good news stories.
25. This work is being undertaken with providers and also partners in a co - produced way and the Care Home Forum Events are also very much a joint enterprise. The most recent event had an Expert by Experience (someone who uses services) as the Keynote Speaker and the afternoon of the event was the Optimum Annual Conference. The event was also attended by both the CQC and also CCG representatives.
26. Throughout the year the team also receives information about quality from a number of sources including families, operational staff, health, members of the public and whistleblowers, As the public becomes increasingly aware about social care services because of publicity in the media, there has been an increase in activity within the team both in terms of quality monitoring activity and in the number of Freedom of Information Act (FOIA) requests. The requests for information are submitted by members of the public, providers and the local and national media.
27. Nottinghamshire County Council has the highest number of services that are inspected and rated by the CQC in the whole of the East Midlands and whilst there are a small number of services that do have on-going issues with the quality of their service the overall picture is an improving one with the CQC reporting that the numbers of services rated as outstanding or good is increasing.

28. There are also six care homes in the County that have been rated as 'Outstanding', four are older people's care homes, Landermeads, Hatzfeld House, Wrenhall, and The Byars, and two are younger adults homes, Sutton House and Thistle Hill Hall.

### **Proposed plan for Members to visit residential services**

29. Consideration had previously been given as to how Members can be directly involved in a quality assurance role in the care homes. In the past Members undertook rota visits to Council owned care homes but this ceased some years ago. A workshop has been held with Members and it was agreed that a proposal about how Members could be involved in quality assurance would be brought to the Committee.
30. As previously advised, QMOs hold portfolios of services (approximately 35 to 55 homes in total) and it is proposed that Members each link with a QMO to arrange visits to a number of care homes in their district. Members may also want to visit care homes across the County to be able to compare and contrast what is available locally.
31. Also, there will be support available to Members from the QMMT before the visits commence as some Members may have more experience than others of care homes and require more detailed briefings.
32. A full audit often takes the whole day and it is proposed that Members initially visit a care home when an audit is being undertaken to become familiar with the process. A check list will be provided for Members to use which will allow them to record details of their visit (see **Appendix 1**). The list links to the different domains within the Quality Audit Tool Guidance notes will also accompany the check list (see **Appendix 2**).
33. It is proposed that Members visit a mix of both younger and older adults care homes and a mix of both residential care and nursing homes from each of the five quality bandings so that they can get an overview of the different types of services available.
34. Dependent on Members' availability visits can be scheduled in for the forthcoming year. The table below shows the number of homes in each district of the County and it is proposed that Members visit either on a monthly or bi-monthly basis dependent on their availability and perhaps 6 over the year which will include two homes from each of the five bandings and a mix of residential and nursing care homes.

#### *Younger Adults Care Homes*

District	Residential	Nursing	Total
Ashfield	21	4	25
Bassetlaw	16	2	18
Broxtowe	7	2	9
Gedling	13	0	13
Mansfield	19	2	21
Newark	18	1	19
Rushcliffe	15	1	16
Total			121

### *Older Adults Care Homes*

District	Residential	Nursing	Total
Ashfield	16	9	25
Bassetlaw	19	10	29
Broxtowe	11	11	22
Gedling	14	13	27
Mansfield	13	8	21
Newark	18	9	27
Rushcliffe	12	9	21
Total			172

35. Lists of all care homes (with addresses and phone numbers) within the areas of the seven borough and district councils will be made available for Members. These lists will show the type and size of the care home (residential or nursing) and whether the service is for older people or younger adults. For the care homes for older people the relevant Quality Band will be detailed. These lists will also provide details of linked Market Management Officers who oversee the work of the QMO and who deal with the DQM and Audit appeals.
36. Members requiring more information or who would like the support of a QMO will be able to contact them directly.
37. The completed check list information will be incorporated in to the audit and Members will be updated about the overall result of the audit undertaken.

### **Current Contract Suspensions**

38. There are 293 care homes across the County that have a contract with the Council. Out of these, seven homes currently have their contracts suspended temporarily which means that the Council will not make any new placements at the service until required improvements have been made. There is also one Care, Support and Enablement Provider with a contract suspension in place. Further detail about these services can be found in the **Exempt Appendix** to this report.
39. Contracts with care homes and other providers are only suspended where there are identified areas of concern about the quality of the care at a home which are not being resolved in a timely manner. Occasionally a suspension may be as a result of a safeguarding referral about harm caused to an individual.
40. Where a suspension of contract has been implemented then representatives from the QMMT meet with residents and relatives at the home with the owner/manager to offer support and advise them about the reasons for the suspension and to give them the opportunity to discuss any issues and explain what is required of the provider. The CQC and CCG also attend these meetings when appropriate.
41. Where a suspension has been implemented the provider is required to develop an action plan that details all of the improvements required and the timescales by which they will be made. This is monitored by the relevant QMO who monitors progress and ensures that the improvements can be sustained. It is only at this point that a suspension is lifted.

## **Reason/s for Recommendation/s**

42. The recommendation about Members' visits to care homes is being made following previous requests by Members to be involved in quality assurance visits to care homes. The update about suspensions to contracts is for noting.

## **Statutory and Policy Implications**

43. 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 services), the public sector equality duty, safeguarding of children and adults at risk, 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.

## **Financial Implications**

44. There are no financial implications arising from this report

## **Implications for Service Users**

45. The Council has a duty to ensure that services available for people in Nottinghamshire are monitored to ensure that they are of good quality and that they treat people with dignity and respect. The proactive approach of quality monitoring undertaken in Nottinghamshire ensures that every effort is made to ensure that people live independent lives and that their care and support needs are met by high quality care providers that deliver a sustainable service

## **RECOMMENDATION/S**

That:

- 1) the update about the quality monitoring activity undertaken in the residential care homes for older and younger adults is noted.
- 2) approval is given to the proposal about Members' visits to residential care homes as a part of the quality assurance of the services.

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**Constitutional Comments (LM 26/06/17)**

46. The recommendations in the report fall within the Terms of Reference of the Adult Social care and Public Health Committee.

**Financial Comments (DG 26/06/17)**

47. There are no financial implications, as per paragraph 44.

**Background Papers and Published Documents**

None.

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

All.

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