

9 January 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 the report is to provide:
 - a brief overview and update on quality auditing and monitoring activity undertaken by the Quality and Market Management Team in care homes and with community care providers across the County
 - an update on current contract suspensions with care home providers.

Information and Advice

2. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**.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).
3. One of the main roles of the Quality and Market Management Team (QMMT) is to complete annual audits of externally provided care and support services and to undertake monitoring activities where concerns are raised about the quality of care. Officers work in partnership with the relevant Clinical Commissioning Groups (CCGs), Healthwatch and the Care Quality Commission (CQC).
4. As a part of the ongoing commitment to work together more effectively joint audit visits are continuing to take place with CCG colleagues and with the CQC where appropriate. There has also been a local workshop attended by staff from the QMMT, CQC and representatives from a number of CCGs and Optimum, the Council's Workforce Leadership Project, to look at how the organisations can work together more effectively and reduce duplication. The session looked at the role of each organisation, roles and responsibilities and the information that is collated as a part of the ongoing monitoring and quality assurance processes. By sharing information support can be targeted at organisations that may have issues with poor quality services and accessing appropriate training etc. It will also ensure that examples of best practice are shared enabling providers to take responsibility for their own

improvement. The outcome of the work will be formalised through a local Memorandum of Understanding between the Council, the CQC and the individual CCGs.

5. In October 2016 the QMMT members were each issued with ThinkPads to enable them to work more flexibly. Staff can now complete the recording of their audit visits whilst on site at the care home or work in other locations to reduce the need to travel to an office base. In addition to a portfolio of services, each Quality Monitoring Officer (QMO) has a lead role for a specific service area or specific issue such as the Mental Capacity Act, Safeguarding, End of Life care, training and links with Optimum (to support learning partnerships). This enables the staff to share learning and identification of best practice as well as areas which require further focus and support. The intention is for the learning to be shared with care providers at the different provider forums. This in turn will mean better outcomes for people that use the services.

Update on specific service areas

Day Care Services

6. As well as having its own directly provided day services, the Council also commissions a wide range of day care services from external providers through its list of accredited day service providers. Officers from the QMMT are involved in auditing these day services and in offering support to the providers where required. An example of this is the work recently undertaken with one provider to develop holistic support plans which includes all aspects of a person's care needs and Mental Capacity Assessments and that these are reviewed through the provider's own quality assurances processes. This work has ensured that the care plans evidence a person-centred approach and that service users are receiving the right care and support, ensuring their needs are being met whilst they are attending the day service.

Care Support and Enablement (CSE) – younger adults supported living services

7. The team is in the process of completing the second annual audit of all 20 contracted CSE providers. The audits will be completed by March 2017. Six weeks after the audit is completed, the team member attends a meeting with the care provider together with a Commissioning Officer to complete a full contract review of the CSE provider.

Home care

8. The Community Partnership Officers (CPOs) each have a lead role with the core Home Care provider as well as working with a number of Extra Care and spot providers. They are responsible for sourcing a service following assessments by operational teams. The CPOs have weekly meetings with the core providers and as an example, over the past year, the team has undertaken a targeted piece of work with one provider to look at all aspects of the service. The outcome has seen improved quality of care and better outcomes for people using the service. Capacity building and sustainability is also an integral part of the work with all providers which is a challenge both locally and nationally.

9. The work is currently focused on ensuring sufficient capacity throughout the winter period to ensure that services are available for people who are due to be discharged from hospital. Providers are required to provide assurance that anticipated increase in demand has been factored into their winter plans, with the overall objective of ensuring that service users' needs are met in a timely and effective way.
10. Strategic meetings have also been held with the Chief Officers and Directors of the core providers as part of effective partnership working, with a focus on ensuring sufficient capacity and in order to support stability at a time of considerable financial pressure across health and social care services. One of the initiatives underway is a marketing campaign which is being supported by the Council's Communications and Marketing Team.

Care Homes

11. QMOs are currently undertaking the annual quality audits in older people's care homes within Nottinghamshire to inform the banding and associated fee level for each home for 2017/18. Staff are also undertaking annual audits in younger adults care homes. Another new initiative is the introduction of surgeries that are held at a care home during the day of the quality audit visit. The QMO allocates some time to meet with relatives and carers should they want to discuss any issues or concerns they may have about the care home.
12. In addition to the planned annual audit visits, the QMOs spend much of their time working with care home providers and home managers where concerns have been raised about the quality of the care being provided. At times, this will involve frequent monitoring visits to the home, meetings with relatives and carers, and meetings with the provider to oversee the implementation of improvement plans. This focussed and targeted work is proving to be beneficial in enabling providers to improve the quality of their care and support services and in preventing the need to suspend the contract with the care home.
13. Healthwatch Nottinghamshire is an independent consumer champion which has statutory powers under the Health and Social Care Act 2012 to 'Enter and View' the premises of service providers, including care homes. Members of the QMMT regularly share information with Healthwatch colleagues about services where there are concerns or which have a 'Requires Improvement', or 'Inadequate' CQC inspection rating. Healthwatch then target these services for their Enter and View visits. Following a visit any concerns will be shared with QMMT and they will also escalate concerns with CQC or Healthwatch England.

Current Contract Suspensions

14. There are 286 care homes across the County that have a contract with the Council, of which three have their contracts suspended which means that the Council will no longer place people in those homes during the period of the suspension. Further detail is given in the confidential **Exempt Appendix** to this report.
15. Contracts with care homes are suspended when there have been escalating concerns about the quality of care being delivered at a home. In most instances the Council will

already have been working with the care home together with the CQC and with the relevant CCG in overseeing the delivery of an improvement plan. On occasion however, a suspension will be put in place following a safeguarding referral in relation to harm caused to a resident. When the Council is considering suspending a contract or after the suspension has been put in place, meetings are held for residents and their families to explain the reasons for the suspension and the actions required of the care home. Support is also made available both from the QMMT and from operational teams should family members want to discuss their specific concerns.

16. The suspension is only lifted once the Council has evidence that improvements have been made and are being sustained. They are then monitored for a period of time via an agreed action plan. At times, the suspension may be in place for a lengthy period of time even where the required improvements have been made but concerns remain about the provider's ability to sustain the improvements. For example, a provider has brought in consultants or a manager from another home to implement the action plan and this has resulted in improvements but the home may not have a permanent care home manager or may still be relying on high use of agency staff. In such cases, the Council will keep the suspension in place until these matters have been resolved. This approach has proved successful in preventing homes from having their contracts suspended on numerous occasions.

Other Option/s Considered

17. The report is for noting only.

Reason/s for Recommendation/s

18. The report is for noting only.

Statutory and Policy Implications

19. 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.

Financial Implications

20. There are no financial implications arising from this report.

Implications for Service Users

21. The Council commissions a high proportion of its care and support services from external providers. It is imperative that these services are monitored to ensure they are of good quality, meet people's individual outcomes and that people are treated with dignity and respect. The work of the QMMT is aimed at supporting providers to ensure their own quality assurance processes are effective. The team also undertakes targeted work with those services where concerns have been identified

about the quality of care. Where this is the case then action plans are put in place to rectify the issues. This ongoing process of proactive monitoring ensures that people that use services are supported to live as independently as possible with appropriate and responsive high quality services.

RECOMMENDATION/S

That:

- 1) the update on quality auditing and monitoring activity undertaken by the Quality and Market Management Team in care services across the County is noted.
- 2) the update on the current contract suspensions with care home providers is noted.

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Constitutional Comments

22. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (MM 16/12/16)

23. There are no financial implications arising from this report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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