

9 July 2018

Agenda Item: 12

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

QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND MONITORING ACTIVITY - CARE HOME AND COMMUNITY CARE PROVIDER CONTRACT TERMINATION/SUSPENSIONS

Purpose of the Report

1. The purpose of this report is to provide information to the Committee about some of the work undertaken within the Quality and Market Management Team (QMMT) including:
 - the quality monitoring and market shaping activity across both residential and community care services across the County
 - advising the Committee about the services that currently have their contracts suspended by the Council so that the Committee can consider any issues raised and how it may wish to monitor progress.

Information

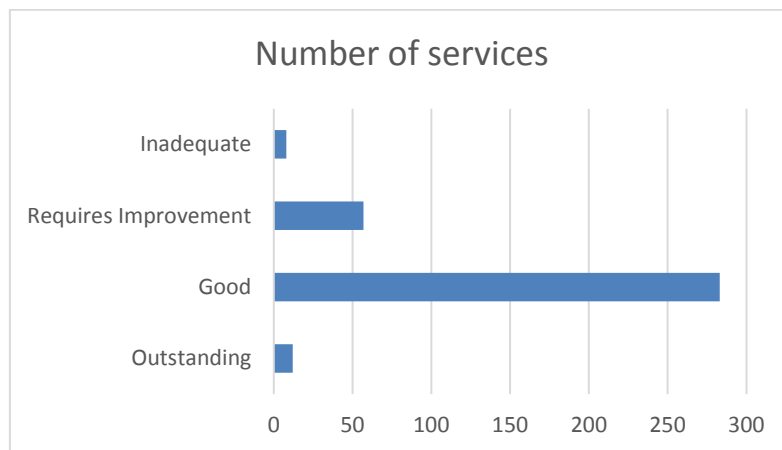
2. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the 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 key roles of the team 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. QMMT officers work closely with the Council's operational teams, safeguarding team, local Clinical Commissioning Groups, Healthwatch and the Care Quality Commission to share intelligence and work in a co-ordinated way to address concerns regarding the quality of care provision.

QMMT activity and performance information

4. The QMMT has responsibility for monitoring both residential and nursing care homes and also community care services across the County for adults over the age of 18 years. In total there are over 350 providers delivering a range of services in Nottinghamshire. These include:

- 289 care homes of which:
 - 118 are younger adults care homes
 - 171 are older adults care homes
 - 69 offer nursing care.
- A range of other contracted services including:
 - Home care
 - Day care services
 - Care support and enablement services (supported living)
 - Extra care/Housing with Care services.

5. Care services are regulated by the Care Quality Commission (CQC). Nottinghamshire has the highest number of services, both residential and community that are inspected/rated by the CQC in the East Midlands. An overview of current published CQC ratings for Nottinghamshire services (as at May 2018) is set out below:



6. A comparison of CQC ratings against the same time in 2017 is set out below and shows the proportion of services that are rated 'Outstanding' by the CQC in Nottinghamshire has increased by 2% in the last 12 months. In the same time period, the proportion of services rated 'Requires Improvement' has reduced by 2%. The proportion of 'Good' and 'Inadequate' rated services has remained static. 12 local services are currently rated 'Outstanding' by the CQC.

	CQC ratings as a % of all rated services in Nottinghamshire: May 2017	CQC rating as a % of all rated services in Nottinghamshire: May 2018	% change May 2017 to May 2018
Outstanding	1%	3%	+2%
Good	79%	79%	No change
Requires Improvement	18%	16%	-2%
Inadequate	2%	2%	No change
Total	100%	100%	

7. As noted above, the QMMT also carry out quality audits using a locally developed audit tool aimed at complementing CQC inspection processes. Audits of older persons care homes are carried out annually and are linked to the quality banding system to determine the fee levels paid. Audits of other services are carried out on a rolling programme.
8. Using the care home quality banding system an overall increase in quality has been demonstrated with a significant increase in the number of higher banded homes. Following audits in 2017, 40% of older persons care homes achieved a band 5 (the highest banding), compared to 9% in 2008 when the banding system was introduced. Similarly, only 9% of homes were in the lowest banding (band 1) in 2017, compared to 20% in 2008. An overall breakdown of current bandings for older persons care homes, together with a comparison to the previous year and to 2008 is set out below:

Banding	Number of services	% 2018	% 2017	% 2008
5	69	40%	37%	9%
4	34	20%	23%	23%
3	34	20%	19%	25%
2	19	11%	12%	23%
1	15	9%	9%	20%

9. The QMMT also oversees assessment and awarding of the Council's Dementia Quality Mark (DQM) for older persons care homes that have evidenced they provide a high standard of care to people living with dementia. 34 care homes currently hold the award. The DQM is currently being reassessed for the period 2018 – 2020.
10. As part of ongoing quality monitoring activity, the team receives and responds to information about quality from a number of sources including families and carers, operational staff, elected members, health colleagues, 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 in terms of information received this way.
11. In 2017/18 the team received 751 information 'referrals' comprising 567 related to care homes and 184 related to other services. This was a 20% increase on information referrals received in 2016/17.
12. Where the Council is not satisfied with the quality of any service and required improvements have not been made, the QMMT will apply contractual sanctions. During the period of the suspension the Council will not make any new placements at the service until required improvements have been made.
13. In 2017/18 contractual sanctions were applied to 24 care homes and three other services/providers. Representatives from the QMMT will meet with residents and relatives and the owner/manager of suspended services to offer support and advise about the reasons for the suspension. While sanctions are in place the team works closely with services to ensure a comprehensive action plan is in place and to monitor progress and ensure improvements can be sustained.

14. Where appropriate, monitoring work and meetings will be carried out in collaboration with Clinical Commissioning Groups, the CQC, Optimum Workforce Leadership and other partners and, once sustained improvements are evidenced, a suspension will be lifted.

Review of the local 'Fair Price for Care' Framework for older adults care homes

15. Since 2008/09 the Council has had in place a local Fair Price for Care framework for older adults care homes to recognise and reflect increasing costs faced by care home providers and provide incentives for continuous improvement in the quality of services.
16. A comprehensive review of the Fair Price for Care framework is currently underway, led by the QMMT and in collaboration with the Nottinghamshire Care Association. A key task of the review is to generate a full, transparent and up to date view of the costs incurred in the delivery of residential and nursing care services to help inform future fee levels. External consultants (Laing and Buisson) have been appointed through a procurement process to undertake this work over the next three months. This will involve collecting and analysing cost information from care homes in the County through a provider questionnaire. The QMMT are working closely with Laing and Buisson to support care home providers in order to maximise the number of questionnaires returned. This will help ensure an accurate and informed picture of current delivery costs and to help inform future fee levels in Nottinghamshire.

Review of the quality audit framework

17. As part of the overall review of the Fair Price for Care framework, work has also begun to review the existing quality audit framework linking older persons care home fees and the quality of care provision. At present fees for older persons care homes are applied via a quality banding system comprising five bands with different fee rates at each banding point for residential and nursing care. Quality Monitoring Officers use a locally developed quality audit tool to visit the home annually and make an assessment which will determine the band for the home.
18. The quality audit tool is also used to assess and monitor quality in younger adults care homes and other community based services, with audits of these services also taking place on a regular basis, although in these services the outcome is not currently linked to fees. The tool comprises five domains to provide a robust picture of the service at the point the audit is carried out and to highlight any concerns that need addressing with the provider. The domains are:
 - People who use services experience person centred care
 - The lived experience of people who use the service
 - People are protected from harm
 - People who use services are supported by competent staff
 - Services are managed effectively.

Detailed feedback from the audit is given to the provider in the form of a quality audit report.

19. Two engagement meetings were held with providers in June to seek views on the existing quality audit tool and discuss and consider how quality can best be reflected within an

overall fees structure for older persons care homes. Information from these meetings will inform the wider review of the Fair Price for Care framework.

20. It is intended that a full report will be presented to the Adult Social Care and Public Health Committee in December 2018 to report the outcome of the Fair Price for Care Framework review. In the interim, further updates on progress will be provided through these reports.

Provider forum

21. One of the ways that the team works with key stakeholders is through the countywide care home provider forum. Forums take place regularly throughout the year, supported by the QMMT. The forum enables providers to work together to look at issues within the sector and to share good practice.
22. The last forum took place on 13th June and included discussion and presentations on modern slavery, recruitment strategies, falls prevention and fire protection. Providers also presented and shared their experience of personal behavioural support practices and using assistive technology in services.

Home based care services (There is a detailed update report on the progress of the home based care and support services tender also on the agenda of this Committee)

23. Community Partnership Officers (CPOs) within the team have been working to support the implementation of new home based care contracts and to ensure the transition period runs as smoothly as possible. CPOs are assigned to a particular geographical area of the County in line with the six 'lots' identified within the home care tender. This will enable CPOs to develop close working relationships with appointed 'lead' and 'additional' providers in their area, as well as operational teams and other key stakeholders.
24. The new model of home care requires providers to work in a different way and take a more person centred, enablement focused and flexible approach. To support this, services have been commissioned with an outcome focus and a payment model that moves away from 'time and task' where providers are paid by the minute to one that offers providers greater financial incentive and security, which they can then pass on to their employees.
25. CPOs will play a key role in embedding this new model, both with appointed providers and internal staff. As a first step, the team is involved in developing and running a programme of information sessions for operational staff and will be holding both initial and ongoing meetings with providers.

Other Options Considered

26. No other options have been considered.

Reason/s for Recommendation/s

27. The report provides an opportunity for the Committee to consider any further actions arising from the issues contained within the report.

Statutory and Policy Implications

28. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, 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, smarter working, sustainability and the environment 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

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

Implications for Service Users

30. The Council has a duty under the Care Act 2014 to ensure that high quality services are available for people in Nottinghamshire whether they be funded by the Council or whether they fund their own care either fully or in part. The market shaping duty also requires that the Council works collaboratively with relevant partners including people that use services and their families. 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

- 1) Members consider whether there are any actions they require in relation to the issues contained within the report.
- 2) Members advise how the Committee wishes to monitor the actions /issues contained within the report.

Paul Johnson

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Constitutional Comments (LM 13/06/18)

31. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report. Members should consider whether there are any actions they require in relation to the issues contained within the report and consider how they wish to monitor the actions /issues within this report.

Financial Comments (DG 14/06/18)

32. The financial implications are contained within paragraph 29 of this report.

Background Papers and Published Documents

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.

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