

7 January 2019

Agenda Item: 11

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

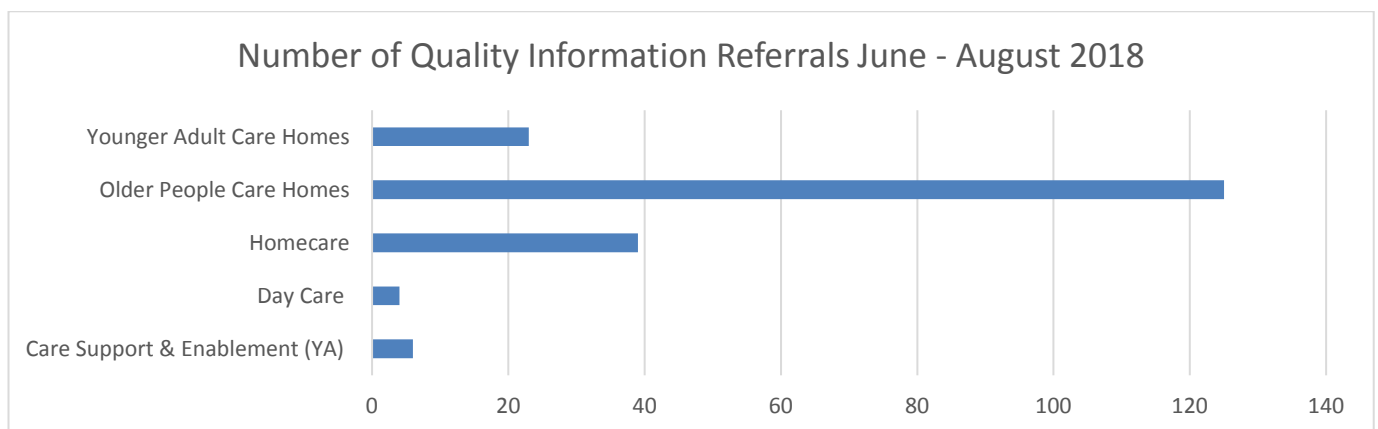
1. The purpose of this report is to provide information to the Committee about some of the work undertaken within the Quality and Market Management Team (QMMT) including:
 - the quality monitoring and market shaping activity across both residential and community care services across the County
 - advising 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 Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**.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.

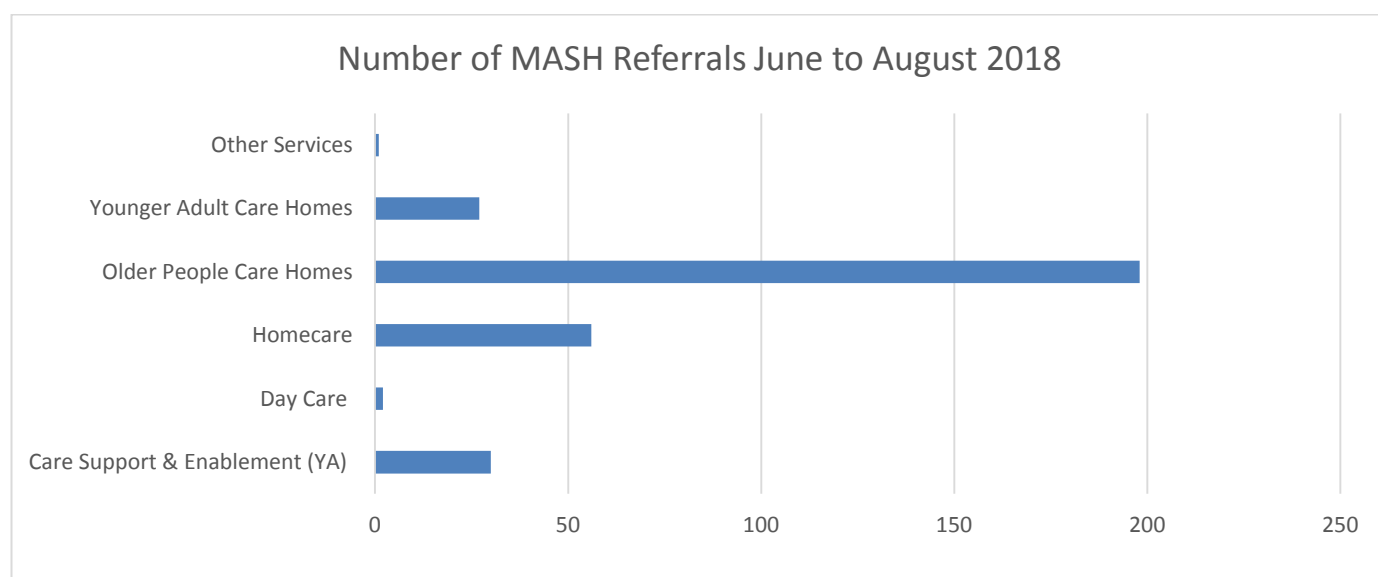
QMMT activity and performance information

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 360 providers delivering a range of services in Nottinghamshire. These include:
 - 286 care homes of which:
 - 118 are younger adults care homes
 - 168 are older adults care homes
 - 70 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. The QMMT audits services on an annual basis and in addition to this carries out re-active quality monitoring visits. These visits normally take place in response to intelligence received by the team through the referrals process. The referrals can come from a number of sources including relatives, CQC, visiting professionals, whistleblowers and operational team colleagues. The QMMT receives a number of referrals and included below is a snap shot of the number of referrals received:



6. For June to August 2018 the QMMT received 197 'information referrals' with 125 of those for older person care homes. For the same period in 2017 the QMMT received 165 'information referrals' with the majority of 109 from older person care homes. This was 20% higher than referrals received in 2018.
7. The QMMT also receives notification of Multi Agency Safeguarding Hub (MASH) referrals in that these are used by the team as intelligence in respect of the quality in care homes. The QMMT supports the safeguarding process in terms of supportive visits when there is a

quality issue. The referrals and outcomes of investigations are used by the team to make a judgement about the quality. Below is the data for MASH referrals received by the QMMT:



8. MASH referrals for June to August 2018 were 315 in total with the majority being older person care homes and homecare. For March to June 2018 the total referrals were 254 which means that there has been a 25% increase from one quarter to the next. During this period there were two older adult and one younger adults service which were under a contract suspension and during this time there were a significant number of referrals made. It was found that a high proportion of the referrals were inappropriate and after consultation with providers additional training for managers and their staff was facilitated.
9. As a part of Making Safeguarding Personal (MSP) a new pathway has also been developed and since this time there has been a significant reduction in referrals. MSP has given the 'person' who the referral is being made about a voice in the process and with that involving them by asking them what outcome they want. This change of focus means that the outcome should be more meaningful to the individual and their circumstances. The QMMT continues to work closely with the Strategic Safeguarding Team, Health and the Police to target and proactively support providers to ensure that people across the County are safe and have appropriate support.
10. The QMMT is involved, along with operational colleagues, with services that close. In the last 12 months there has been an increase in care homes closing with the main reason for closure being financial viability. There have been six older person care home closures in the last 12 months with three for financial reasons, one with quality issues, one CQC enforced closure and one due to provider retirement. The location of the home closures is spread and not just in one locality.
11. The QMMT works closely with colleagues at Healthwatch with monthly information sharing meetings and also in support where there are concerns with the quality of services. Healthwatch has supported QMMT with three care homes that were under contractual sanctions in attending residents/relatives meeting. The purpose of Healthwatch attending these meetings is to offer those using the service an independent way to voice opinions about the services. Healthwatch produces a report following these visits with the feedback about the service and these are published on their website.

12. Regulated services are inspected and rated by the Care Quality Commission. A comparison of Nottinghamshire services against other East Midlands authorities is set out below:

CQC ratings comparison – as at 3rd September 2018
Ratings as a % of all rated services

Authority (number of rated services)	Number of rated services	% Outstanding	% Good	% Requires Improvement	% Inadequate
Derby	109	1.8	72.5	23.9	1.8
Derbyshire	334	0.9	81.7	15.3	2.1
Leicester	180	2.8	83.3	13.3	0.6
Leicestershire	255	2.4	84.3	12.2	1.2
Lincolnshire	340	2.4	79.7	16.2	1.8
Northamptonshire	338	6.5	79.3	13.3	0.9
Nottingham	117	2.6	73.5	22.2	1.7
Nottinghamshire	365	3.8	77.0	17.3	1.9
Rutland	17	0.0	88.2	11.8	0.0
East Midlands	2055	3.1	79.7	15.7	1.5

13. Nottinghamshire has the highest number of services in the East Midlands and is broadly in line with the regional averages but has:
- a slightly higher % of ‘outstanding’ services (and the second highest number in the region)
 - a slightly lower number of services rated as ‘good’.
 - a slightly higher % of services rated as ‘requires improvement’
14. The Council also has a very proactive approach to quality monitoring and does target poor providers. It also works very closely with the CQC and shares information with them about the findings of the QMMT audits, quality monitoring visits and also quality referrals. The CQC has also changed their approach to inspection and where they inspect a service and the outcome is continually ‘Requires Improvement’ they do now seem to be rating such services as Inadequate.

Review of the local ‘Fair Price for Care’ Framework for older adults care homes, including review of the Quality Audit framework

15. LaingBuisson completed the care homes survey in mid-August and reported that they had received a 51% response to the survey which is far higher than previous responses to similar exercises. The aim 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. LaingBuisson will analyse all of the data in the questionnaire and this process will include benchmarking against local and national data. The report with the analysis of the information care homes have inputted is being drafted which will inform the Council what is a ‘Fair Price for Care’ in Nottinghamshire based on the outcome of the survey of older person care homes.

16. The outcome of the survey will assist in the comprehensive review of the Fair Price for Care framework, which is being led by the QMMT and in collaboration with the Nottinghamshire Care Association. The next steps in this process is to review the fees in light of the outcome of the report and to also review the way the Council pays care homes.
17. As part of the overall review of the Fair Price for Care framework, work is well underway in reviewing the existing quality audit tool. The tool provides a framework for assessing the quality of care provision in all services and, for older person care homes, also links this to fees.
18. Feedback from the engagement events with providers of all services has assisted the QMMT in updating the audit framework. The revised audit tool is being drafted and it is expected that this will be consulted on and trialled in various services prior to finalising.

Dementia Quality Mark (DQM)

19. The QMMT audit care homes who apply to be assessed for the DQM. Providers who apply go through a two stage process and if successful at stage 1 an unannounced audit takes place at the home using the current framework. This process commenced in 2013 and the 2018-20 audits have just been completed. The outcome of the latest audit is that 35 homes will have the DQM mark for 2018 – 2020.
20. The number of homes that have achieved the DQM has been similar since commencement in 2013. Homes that have achieved the DQM status will receive an enhanced payment for residents who meet the criteria. The previous years' figures are below:

Year	Number of Care Homes
2013	31
2014	32
2016	34
2018	35

21. As part of the comprehensive quality audit review the DQM process/award will also be included.

Home based care services

22. New contracts for home based care services became operational on 1st July 2018. These require providers to work in a different way and take a more person centred, enablement focused and flexible approach to the delivery of home care services to individuals. 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.
23. The new commissioning model is based around a Lead Provider supported by Additional Providers in six geographical areas, covering the whole County. Details of providers working in each area are set out below:

Lot/area	Lead Provider	Additional Providers
Bassetlaw	Comfort Call	Leda Home Care Gemini Exclusive Care Gracious Health Solutions
Broxtowe	Direct Health	Comfort Call Radis Fosse Healthcare The Human Support Group Caremark
Gedling	The Human Support Group	Direct Health Radis Caremark Agincare
Mansfield/Ashfield	Fosse Healthcare	Direct Health Radis Agincare Caremark Leda Home Care Allied Healthcare
Newark & Sherwood	Fosse Healthcare	Bhandal Care Allied Healthcare Gemini Exclusive Care
Rushcliffe	Agincare	Agincare Westminster Homecare Direct Health Gemini Exclusive Care Absolute Care

24. Community Partnership Officers (CPOs) within the team are assigned to each area and work closely with providers and operational teams as well as other stakeholders to support the implementation of these contracts and to ensure the successful transition of contracts.
25. Service users were kept informed of new arrangements and CPOs supported the successful transition to new contracts in line with the three month timescale.
26. New processes have been developed to support the introduction of Lead and Additional Provider contracts and a different commissioning model. Staff guidance has been written and training sessions have taken place throughout August and September to support and embed these processes. The CPO team has been available during this time to help identify and resolve issues as they arise and support both operational colleagues and providers.
27. Following the transition period, CPOs will now focus on ongoing contractual arrangements. A new performance reporting tool has been developed for CPOs to gather, analyse and monitor information from providers on a monthly basis. This, alongside other regular reports, will enable the team both to ensure that contractual requirements are being met and also offer support to providers who are experiencing problems or issues.
28. The Quality Audit programme for new home based care services will also begin in early 2019 and will align with the work outlined above to provide a rounded picture of individual services and the sector as a whole.

Other Options Considered

29. No other options have been considered.

Reason/s for Recommendation/s

30. 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

31. 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

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

Implications for Service Users

33. 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

That:

- 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 (KK 03/12/18)

34. The proposals in this report are within the remit of the Adult Social Care and Public Health Committee.

Financial Comments (DG 03/12/18)

35. The financial implications are contained within paragraph 32 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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