



Derby City Council

ADULTS and PUBLIC HEALTH BOARD

Date 14 July 2014

ITEM 7

Report of the Strategic Director of Adults Health
& Housing

Quality Assurance in Commissioned Care Services

SUMMARY

- 1.1 Derby City has 129 care providers that are registered with the Care Quality Commission. Of these, 78 are registered residential and nursing homes. As at April 2014, the Council held contracts with 71 of these, with the remaining 7 being those Council directly provides itself. Of the remaining registered providers, the Council holds contracts with 40 of them to provide domiciliary care. All registered social care providers are regulated by the Care Quality Commission who monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. They also publish the findings including performance ratings.
- 1.2 The Council and the CCG are currently working together to align as far as possible their quality assurance approaches for shared providers, particularly for residential and nursing care homes. In addition, the Council is strengthening its information sharing arrangements with CQC. This report provides a summary of the current quality assurance approach, key findings and expected outcomes from future joint working.

RECOMMENDATION

- 2.1 To note the current quality assurance arrangements for commissioned services and make recommendations for any further development.

REASONS FOR RECOMMENDATION

- 3.1 Recent national media coverage has raised interest in the performance of care organisations due to incidents of poor practice and safeguarding concerns. In addition, the CQC are reviewing their approach to quality assurance in light of the findings of the Serious Care Review into Winterbourne View Independent Hospital and also the Francis Enquiry report following poor standards of care at Mid Staffordshire NHS Trust acute hospital. This report provides a broader description of the quality assurance processes that Council staff undertake in partnership with the CQC and CCG.

SUPPORTING INFORMATION

- 4.1 Under the current social care legislation, where the Council assesses that someone has eligible social care needs, the Council must ensure those are adequately met, and in many cases it discharges its statutory duties by organising care and support. As a commissioner of these arrangements, the Council puts in place a contract with a care agency – usually either a care home or a domiciliary care provider – and although the provider delivers the required care, the Council has a duty of care to ensure an individual's care needs are being met and that they are safe and well. To put this into context, the Council currently spends approximately £55m per annum on adult social care which is generally purchased services from the independent and third sectors.

Where an individual also has healthcare needs, the NHS may agree to pay for someone to access a nursing home placement. As commissioners of individual packages of care, both the Council and the CCG have a duty to ensure there is an adequate supply of residential care and nursing homes available in the market to meet needs, and to provide information and advice to the public about the availability of homes. When entering into a contract with an establishment for the provision of care, the commissioner(s) also have a duty to ensure individuals are safeguarded and supported by an effective social care and nursing workforce. This includes carrying out quality assurance functions to ensure that the care being purchased is appropriate and considerate of the needs and wishes of each individual.

Under the provisions of the Care Act 2014, most of which comes into effect in April 2015, Council's will have a wider duty to ensure that the social care market is high quality and sustainable - and this will extend to those establishments and suppliers that the Council does not currently contract with in Derby.

- 4.2 Quality Assurance is undertaken within the Integrated Commissioning Team and similar to most other staffing areas of the Council; the commissioning structure has been downsized and restructured during recent budget periods. This has had an impact on the capacity and capability of the function to deliver all commissioning activities, with quality monitoring being one of a number of core functions of the team. The Council currently invests £751k into the core team which comprises 21 full time equivalent staff. As a regional comparator, Leicester City has an adults strategic commissioning and contracting function comprising of 72 FTE staff with an estimated annual cost of £2.56m. Nottingham City has 42 FTE adult strategic commissioning staff at a cost of £1.7m. As a result, the quality assurance system that is in place in Derby is primarily risk based, with planned quality monitoring input from the team varying depending on the risk factors posed by individual providers and the customers they support on our behalf.

4.3 **Derby City Council's Quality Assurance Approach – Care Homes**

As at June 2014, there were 2205 beds available within Derby in residential and nursing homes, of which the Council is currently funding 324 in residential care and

330 in nursing care. In addition, there 240 long term residents being supported in Derby City Council's own care homes.

Recent research carried out by the Council suggests that the occupancy levels within Derby's residential homes was on average 89%, with homes reporting that 27% of occupants funding their care themselves. In addition, there will be a proportion of customers who are fully funded by the NHS due to their health care needs, data is being gathered in respect of NHS funded care.

Care homes are assigned to individual Service Quality Officers within the Integrated Commissioning Team, who are responsible for fostering effective working relationships and for completing planned and unplanned visits to the care homes. The Service Quality Officers are also a first point of contact for queries about the care home and they share intelligence with key partners including Health and CQC. They also receive intelligence from these partners, consider the impact of this intelligence on the quality of services and necessary actions to improve this. The system seeks to complement CQC's inspection programme by focussing on the day-to-day living and operational aspects of the care homes activities rather than being an exhaustive procedural audit.

The system incorporates a wide range of key modules, including:

- Residents (Health, Welfare)
- Environment
- Maintenance
- Layout (Personalised, Private)
- Staffing (Demeanour, interactions)
- Supervision
- Dining
- Activities
- Medication
- Safeguarding
- Enablement and Involvement
- Dignity
- Feedback (Staff, Customers, Manager, Relatives, Professionals)

- 4.4 The current approach can be flexible and modified to cater for local changes– such as the section on Dignity, which was added following the Council's Dignity campaign in 2013. The approach also uses a number of focused audits completed by the Corporate Health & Safety Team with regards to Medications' management, Moving & Handling and the use of Bed Rails. Whilst we observe compliance with cultural and faith needs throughout the system, we are seeking to formalise this through the introduction of a specific module on meeting diversity and cultural needs. Service Quality Officers are required to visit each home for a full visit incorporating all modules at least annually and they may also be required to undertake more focussed and tailored visits exploring certain areas following the notification of any concerns.

The Quality Assurance system asks Service Quality Officers to consider what is working well at a home using observations and by drawing in feedback, and to also

consider where improvements may be necessary to improve the lives and ensure the wellbeing of residents. There is no scoring or passing and failing of modules, rather the Council uses the approach to respond to and implement improvement plans for care homes almost immediately, for both major and minor concerns. Theoretically the Council could identify a quality issue, undertake a visit and provide feedback to partners within the same day. Scoring based systems often require a period of due diligence where care homes can make representations to assessors to amend their scores, in addition to the time where an assessor must initially spend to consider and apply a subjective benchmarked score. This approach has not been adopted in Derby.

4.5 Derby City Council's Quality Assurance Approach – Domiciliary Care

As at June 2014, there were 1209 people receiving domiciliary care arranged and funded by the Council. The Council currently holds contracts with 40 different domiciliary providers, with a quarter of these specializing in supporting people with complex needs such as behavioral support.

For standard domiciliary care services, the Council operates a preferred and an approved provider framework. 8 care organisations operate as preferred providers. This enables them to be given the first option to accept packages of domiciliary care in their preferred zone. The city is currently divided into 3 zones: North/South East/South West. The approved providers access packages of domiciliary care only where the preferred providers are unable to provide the requested service.

All providers currently receive an annual quality review of their service provision which incorporates an on site office audit where standard agreed areas are audited - staff file are looked at including induction practices, Disclosure and Barring references checks; customer file audits are also carried out. The provider receives a report of the visit which will incorporate positive feedback, areas for improvement and issues and concerns. An action plan will be requested as necessary. Any highlighted concerns or potential safeguarding incidents relating to their providers and follow up requesting Care Manager/Health/ Safeguarding and any other relevant partner agencies input where necessary to resolve.

As well as the annual quality review there are additional quality requirements for the preferred providers in the form of a quarterly review meeting at which a review report is compiled by the Service Quality and Brokerage Team and the provider. The quarterly review looks at new/increased/decreased/discontinued packages of care, individual outcomes, complaints/issues and subsequent action planning, safeguarding investigations, providers own quality assurance feedback, staffing and recruitment. There is also an annual survey to customers of the preferred providers, as well as mystery shopping exercises which help to test out the experience of customers and potential customers who are accessing care e.g. timing, dignity, diversity etc.

Both preferred and approved providers receive medication audits by Derby City Council's Health and Safety Department. Moving and Handling audits are carried out where required.

The approach to contracting and monitoring domiciliary providers is currently under review and it is likely that even more focus on outcomes will be central to the Quality Assurance approach. This is the focus for those providers supporting people with complex needs, where reviews about outcomes for individuals play a more central role on the quality assurance approach.

4.6 Joint working with Clinical Commissioning Groups the Care Quality Commission and Healthwatch Derby

The role and approach taken by the Care Quality Commission is different to that undertaken by the Local Authority and is carried out in accordance with two pieces of legislation:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
- The Care Quality Commission (Registration) Regulations 2009.

For each regulation, there is an associated outcome related to the experiences that are expected individuals will have as a result of the care they receive. When CQC check providers' compliance with the essential standards, they focus on the 16 regulations that most directly relate to the quality and safety of care and care providers must have evidence that they meet the outcomes. As at April 2014, of the 74 registered care and nursing homes in Derby, 41 were fully compliant with all 16 Essential Standards; 33 were currently non-compliant with one or more Essential Standard and 23 of these are non-compliant with two or less Essential Standards but mostly minor issues. Notably CQC only had one care home in Derby where there were major concerns.

The Clinical Commissioning Groups use a "Clinical Quality Assessment Tool" whereby they conduct an annual Quality Assessment for each nursing care home in Derby. This combines a mixture of clinical and contractual monitoring to evaluate a service and produce an overall score and by result, compliancy rating with relevant contracts. The tool looks at five key areas:

- Involvement and Information
- Personalised Care
- Safeguarding & Safety
- Suitability of Staffing
- Quality

It also contains small sections on Specialist areas (LD/Dementia Brain Injury). Each area has various sub areas which are directly aligned with CQC outcomes, allowing correlation between the two standards. Compliance scores are arrived at by the answering of yes/no under various scenarios which are made up from procedural checks, customer/relative feedback, file audits, assessor observations or interviews with staff and management. These are mainly health based scenarios and questions, although there is a small overlap with CQC standards.

Healthwatch Derby has enter and view powers in relation to care homes and any premises where health and social care is funded from the public purse under s.186 of the Health and Care Act 2012. Healthwatch share information and work with commissioners should they have any cause for concern.

4.7 Information Sharing and Escalation

In Derby, Southern Derbyshire CCG focuses on nursing home development, whereas the contract management and quality assurance approach is delivered by Hardwick CCG on their behalf. This means that the Council has four main agencies to share information with. Information sharing meetings take place at least quarterly involving CQC, with more frequent meetings taking place with both CCGs. The CQC also share an “area profile” which provides a summary of their inspection findings and provides an at a glance picture of their regulatory activity. The information is publically available on their website; however it is useful to have it collated for use between agencies.

Where local intelligence suggest the need for unplanned quality assurance activity, such as following safeguarding alerts, whistleblowing, poor medication audits etc. the Council, the CCGs and the CQC try and coordinate visits as much as possible. Should any agency decide to take action, the others usually see whether their own escalation processes can be aligned. For example, if an enforcement notice is served by CQC, it is highly likely that the Council will suspend its contract with the home, and therefore suspend making any further placements at the home. In extreme cases, the Council will take steps to move people it has placed to alternative accommodation.

Following the Francis Inquiry report into poor standards of care at the Mid Staffordshire Foundation Trust hospital, the Department of Health have established Quality Surveillance Groups which are primarily aimed at ensuring essential standards of quality are met. The Quality Surveillance Groups cover local geographical areas (e.g. there is a Derbyshire QSG) to create an active dialogue about quality and a forum for concerns or risks to be raised promptly and dealt with collectively in a coordinated way. Every statutory agency (including CCGs, CQC, Local Authorities) are encouraged to attend and use the meetings to share intelligence and escalate areas of concern about local health and social care providers. Derby City Council attends these meetings and has shared information concerning poor quality care providers.

OTHER OPTIONS CONSIDERED

- 5.1 None – the Council must ensure that the quality of care that it arranges for vulnerable people is of an acceptable standard, and the Care Act 2014 requires Council to intervene to meet temporarily someone’s care and support needs whne they are not being met because of a failing provider.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer	Robin Constable Toni Nash Liz Moore Steve Sprason
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Service Director(s) Other(s)	Perveez Sadiq
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IMPLICATIONS

Financial and Value for Money

- 1.1 None directly arising from this report.

Legal

- 2.1 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, gives health scrutiny committees powers to review any matter relating to the planning, provision and operation of health services.

Personnel

- 3.1 None

IT

- 4.1 None

Equalities Impact

- 5.1 The addition of a specific module on diversity and cultural compliance in care settings will support the Council in delivering Equality Act 2010 responsibilities.

Health and Safety

- 6.1 Medication audits and general health and safety checks are carried out at care home establishments by a member of the health and safety team, as part of the QA system.

Environmental Sustainability

- 7.1 None

Property and Asset Management

- 8.1 None

Risk Management

- 9.1 Under the Care Act 2014, Local Authorities have a duty to ensure there is a quality, vibrant and sustainable care market. Quality Assurance processes ensure that risks to the availability and continuity of care for vulnerable people is mitigated somewhat, by ensuring that providers understand what is expected of them, meet the regulatory framework's and also comply with the Council's contractual terms and conditions.

Corporate objectives and priorities for change

- 10.1 The Council has a duty to ensure what is being purchased and delivered in Derby offers good value for money and is of a good standard to meet the needs of vulnerable people.