Local Members' Interest
N/A

Safe and Strong Select Committee - Tuesday 11 December 2018

Care Home Quality Assurance Data (Including the role of Healthwatch in the Quality Assurance Process)

Recommendation

1. Note the joint working arrangements for quality assurance and the key activities undertaken

Report of Cllr Alan White, Deputy Leader and Cabinet Member for Health, Care and Wellbeing

Summary

The report below outlines improvements in intelligence systems used in quality assurance processes and the joint working arrangements for quality assurance with the Staffordshire Clinical Commissioning Groups (CCG's).

Report

Background

1. The Quality Assurance Team (QAT) collates data from across the health and social care economy for care homes. The team monitor all registered provision in Staffordshire. The county has a large and diverse market with 252 care homes. We are the 2nd largest local authority for nursing beds in relation to our comparators.

2. There is a joint health and social care risk matrix used for the adult social care market. The QA team manages the tracker and uses the matrix to assign levels of risk to care providers. Risks are reviewed in real time and this is monitored through the monthly multi-agency Quality and Safeguarding Information Sharing Meeting (QSISM). The level of risk determines the subsequent actions from agencies. Local authority QA visits are targeted at risk services with an emphasis on quality improvement. There is a combination of both proactive and reactive visits.

	High	Medium	Low
Care Homes	**17.1%**	**25.8%**	**57.1%**
Care Home - Residential	*12.1%*	*21.4%*	*66.5%*
Care Home - Nursing	*27.8%*	*35.4%*	*36.7%*

3. The Council uses a standardised toolkit with care homes to increase consistency and allow like for like reporting. We produce clear action plans for the care home after the visit with prioritised actions. We have an agreed joint toolkit with the NHS for nursing homes and are starting to complete visits together. This reduces duplication for providers; however, capacity issues in the CCG have slowed implementation of this.

4. To accompany the action plan, we now send a bespoke set of resources to the care home to help them deliver their action plan which includes a range of information, e.g. fire safety guidance to food and nutrition NICE guidelines to available training courses. These resources are produced from a range of sources such as our Care Market Development team and the NHS. This is to try to support providers in the market to deliver improvements.

5. We have a structured follow up process with the expectation that the care home delivers the required improvements within the designated timescales. There has been the introduction of the Quality Improvement Process (QIP). The QIP is a multi—agency approach and focuses on proactive intervention at an earlier stage. The intention is to support providers to improve and escalate those providers reluctant to engage. It dovetails with our established Large Scale Enquiry processes. This process also helps us support providers and try to unblock any barriers they may have.

6. The Quality Assurance Form (QAF) process has been further embedded with it now available to anyone including elected members and members of the public and is accessible through our external SCC website. Contact centre colleagues are also trained to raise QAF's. The process is now two ways, so not only can people raise concerns about care homes, but care homes can also raise concerns regarding professionals.

7. Work has been completed to improve our ability to identify 'new and emerging' concerns. The QA team have worked with the contact centre to record the safeguarding referrals that come in and use an automated system to flag emerging concerns based on volume, type and size of the service and nature of the referral. There is also a similar system in place to track the volumes and risk levels across the Quality Assurance Forms (QAF's). Both of these systems allow us to target officer visits at emerging risk services and help to prevent them escalating into large scale safeguarding concerns.

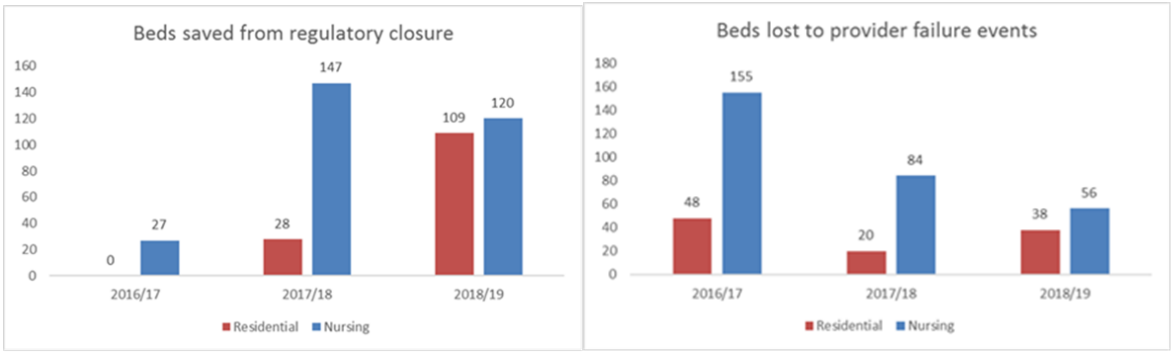
8. Commissioners receive a monthly dashboard produced by the QA team which tracks trends in the market. This dashboard is interactive and can be used to look at market level data or specific service types. The latest dashboard shows a significant reduction in suspended services and Large Scale Enquiries (LSE's). Staffordshire currently only has two LSE's. The Council produces a dashboard for nursing homes which is used jointly with the CCG's, helping us all to report one version of the truth.

9. Staffordshire has on average 10% more services outside of expected quality standards compared to West Midlands and national averages for the whole market. Staffordshire does perform better than the regional and national averages for community services.

However, for care homes Staffordshire has 30% outside of expected standards, with nursing homes of particular concern.

10. The number of good services has been increasing steadily over the last two years rising from 55% to 72%. Robust intelligence systems enable us to identify where our risks are. Multi-agency work is allowing us to identify services with quality issues at a much earlier stage. We reduced LSE's from an average of 12 services in LSE per month to 2 over the last two years. 16 services were supported by the Council over the last 12 months to improve e.g. moving from inadequate to requires improvement or having CQC closure action withdrawn. There is often a lag between our intervention and CQC re-inspecting. We expect to see an improving trend in care homes ratings over the coming year.

11. Staffordshire is seeing an improving picture regarding provider failure. There is now a multi-agency standard operating procedure in place which outlines how agencies would respond. This procedure evolves through lessons learnt sessions after each failure. Staffordshire is seeing a reduction in beds lost to provider failure from 200 in 2016/17 to 104 in 2017/18. Beds saved from regulatory closure are increasing due to the more proactive Quality Improvement Process (QIP) from 27 in 2016/17 to 175 in 2017/18.



12. Healthwatch are a partner at QSISM. They also carry out visits to care homes through their 'Enter and View' powers. Healthwatch share concerns with the quality assurance teams if they arise. The new Chief Executive is keen to improve information sharing further.

13. Planned actions to support improvement program:

    a. Further work is underway to align soft intelligence systems with the NHS with specific focus on Primary Care and hospital admission data.
    b. The Council and the CCG are jointly funding a new team to support high risk homes and help prevent urgent care homes closures. This will be a team of both nurses and local authority officers. It will give focussed operational support and co-ordinate specialist services as required.
    c. Strengthening work with our CareMarket Development colleagues to capture training and resources to help providers improve care quality.
    d. As the number of inadequate services fall, focus our resoicres on those who have been 'requires improvement' to help those services achieve 'good'.

Link to Strategic Plan – *Joined up approach to Health and Care.*

Link to Other Overview and Scrutiny Activity:

Previous Scrutiny Report presented on 14th December 2015:

http://moderngov.staffordshire.gov.uk/documents/s76792/Covering%20Report%20Quality%20of%20Care%20in%20Adult%20Care%20Homes.pdf

Additional appendices:

http://moderngov.staffordshire.gov.uk/documents/s76793/Appendix%20A%20for%20Quality%20of%20Care%20in%20Adult%20Residential%20Care%20Homes.pdf

http://moderngov.staffordshire.gov.uk/documents/s76794/Appendix%20B%20CQC%20Fundamental%20Standards.pdf

Community Impact – *Assessment not required*

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