



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Title of Paper: Monitoring Quality in Care Services

- 1.1. The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on the:
7th June 2016
- 1.3 Author of the Paper and contact details

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2. Summary

- 2.1 This paper is for information only and outlines an overview of how care services (Nursing/Care Homes, Home Care, and Supported Living) provided for vulnerable adults within the city of Brighton & Hove are quality assured (monitored) to ensure a good quality standard and safety for those that use these services.

3. Decisions, recommendations and any options

This paper is being presented for information only:

4. Relevant Information

4.1 Background information about the care sector:

Please refer to the Care Governance report *appendix three* for further background information relating to numbers of registered care home, supported living & home care providers in the city. 90% of care services for adults are purchased in the independent sector, with the remaining 10% provided by the council's directly provided services.

4.2 Issues facing the care sector

There are a number of issues that are affecting providers locally. This reflects national trends:

- The home care market in the city is fragmented, with many providers struggling to attract staff.
- Difficulties with recruitment and retention exist across the whole care sector.
- Levels of need are increasing across all client groups. People with dementia and end of life care needs are more likely to be supported at home.
- Care home places for this cohort of people are increasingly costly and difficult to secure at Local Authority rates.

4.3 Rates paid to providers

- **Care Homes:** The Health & Wellbeing Board agreed to a 2% increase in care home & home care fees from April 2016. In order to get a better understanding of the cost of care the Council and Health commissioners are working with stakeholders to construct a methodology for fee calculation for care homes. This work is currently in progress and the outcome will be known in the summer of 2016.
- **Home Care providers:** There will be a new home care contract in place from September 2016. Key to the new contract is a commitment to quality. It will be outcome focussed, and will enable the partnership working between the service users and providers. Care will be delivered more flexibly and should better fit with service user's needs. Commissioners have worked closely with stakeholders, assessment teams, users, carers and potential providers. The aim is build a well-trained and motivated workforce, paid the National Living Wage Foundation living wage. There is also a drive to minimise disruption to service users. Key to making

the service work in the longer term is the fair and robust monitoring system.

4.4 Promoting Quality in Social Care

4.4.1 Service providers have responsibility for the quality of their care services, and to ensure they meet the CQC standards of being safe, caring, responsive, effective and well led. They must have effective systems in place to assure themselves of quality and drive forward improvement.

Promoting quality in care services needs to be grounded in:

Commissioning strategies and actions;

Procurement processes;

Contract documentation and management that actively promote and support the delivery of services that are of good and sustainable quality.

4.4.2 Workforce Development:

The Workforce Development team at Brighton & Hove City Council provide and deliver a comprehensive funded training programme to both council employed care and assessment services, and external care providers and partners across the city. The programme offers over 7,000 training places, + online learning, and access to relevant conferences (Safeguarding & ASC Showcase) and other resources to support the wider health and social care sector to deliver high quality cost effective services.

In addition, the Workforce Development team provide workforce development advice and guidance for service providers on regulation, quality issues and workforce interventions. As well as responding to developments like the recent Care Act, the team has representation at a number of strategic forums (Care Governance Board, Skills for Care, SE ADASS Workforce Group, Clinical Education Committee, Health Integration Group) and other local provider forums that help to develop policy and the wider workforce delivering adult social care across the city.

4.4.3 Dignity in Care Group:

A group of dedicated dignity champions identified from each care home (that have signed up to this initiative) meets on a quarterly basis. The group is self-managed 'peer' support and meets to discuss common themes, provide support for each other to maintain high standards of care and to share/promote 'good' practice. Themes discussed can lead to bespoke training requirements provided

through the workforce development team e.g. nutritional values and fluid intake for people with dementia.

4.4.4 Forums:

(Good News story see: appendix two) recent consultation to streamline resources, and to minimise duplication are another way for BHCC and CCG to find out who is linking in e.g. if 'end of life care' formed part of the agenda this would lead to targeted emails for care staff to link into the joint forums. BHCC and CCG will hold three joint care home forums per year and forward plan agenda items generated by ideas from providers, the forums will also be used to inform attendees of any new guidance and to share best practice locally. Other regular forums include: Home Care, Learning Disabilities and Dementia Care forums. There are also regular Dignity champion meetings chaired by registered managers of care homes.

4.4.5 Health & Safety (Fire Safety Compliance) Role:

The Council are responsible to ensure a good quality standard of care and safety is provided in Nursing/Care Homes, Supported Living and community support provided by Home care services across the City. The 'Quality Team' function has an excellent relationship with the Health & Safety team to ensure H&S and Fire compliance is met making recommendations where shortfalls are identified. This joined up and flexible approach enables vital intelligence to be shared to enable any risks identified to be addressed in a timely manner by offering advice, guidance and support to ensure people receiving services are kept safe.

4.5 Monitoring Quality in the care sector

Background to Quality Roles: *(see Quality flow chart Appendix One)*

4.5.1 Brighton and Hove City Council (**BHCC**), Clinical Commissioning Group (**CCG**), and Care Quality Commission (**CQC**) work in partnership to gather intelligence to prioritise intervention following any significant concerns about services provided to vulnerable adults living in the City.

4.5.2 **Significant concerns** may arise from CQC inspections resulting in 'requires improvement' or 'inadequate' for key areas e.g. are services safe, well-led, caring, responsive and effective? There is a joint emphasis to support providers to improve by offering support and advice through the quality assurance role. This could include clinical advice and improvement to support Care Homes e.g. links to

various services 'SALT' (speech and language team), falls prevention, end of life care, support regarding medication issues, bespoke training for autism awareness etc.

- 4.5.3 **Following information gathered** from a variety of sources including any safeguarding concerns, complaints, intelligence gathering from the CCG's Continuing Health Care Team (CHC) commissioning packages of care and CQC inspections outcomes etc. a joint or individual quality assurance visit would take place (BHCC or/and CCG staff). These visits would be either planned or unplanned balancing the risks and how responsive these need to be met.
- 4.5.4 **Quality assurance visits** may in turn feed into the intelligence to bring forward or put back regulated inspections to be carried out by CQC, and vice a versa, CQC outcomes may bring forward more focussed visits for BHCC and/or CCG to carry out.
- 4.5.5 **Service Improvement:** both BHCC and CCG work closely together to risk rate quality of all provider services. BHCC uses a red, amber, green system. Meetings are held monthly to discuss services of high concern and may result in a professionals meeting taking place. This meeting would include various health and social care professionals, and the 'registered' provider manager and other key staff to devise supportive action plans to make improvements to services in a reasonable time frame. Training may be a key area in supporting some areas of improvement and this would be factored into the action plans, working closely with workforce development. CCG staff are working with partner agencies on developing the Care Certificate for unregistered care staff, to enable staff to recognise when they need to refer clients and seek advice and support from more specialist community services when needed e.g. specialist respiratory nurses, wound care services etc. to enable ongoing support to individuals in a home or other community setting.

On rare occasions services may need to be suspended (during suspension services are not permitted to take any further residents, provide home care packages etc. if they are suspended) due to extremely high risks/concerns e.g. an overall 'inadequate' CQC rating or complex significant safeguarding issues resulting in staff suspensions, police investigations etc. Extra support is given to enable suspensions to be lifted as swiftly and safely as possible. Without this joined up offer of support, advice and guidance services could potentially leave the market.

- 4.5.6 **Communication between organisations:** BHCC, CCG and CQC meet on a regular basis with planned meetings held at least quarterly, additional regular planned and unplanned telephone conferences

are also arranged to discuss any concerns or general updates or emerging issues of concern on a more ad-hoc basis.

4.5.7 Home closures last six months: There has been one learning disability home that has left the market in the past six months; all seven individuals were placed successfully in alternative services including supported living in the local community.

4.5.8 Care Governance: (*Care Governance report see Appendix Three example of Quarterly Report*) All information gathered each quarter by BHCC 'Quality' function is summarised in a quarterly report for the Care Governance Board, chaired by the Director of Adult Social Care and attended by key Managers including the Lead Nurse, Director of Clinical Quality and Patient Safety at the CCG.

4.6 Gathering the views of service users:

4.6.1 Healthwatch and Impetus volunteer visits:

Healthwatch Brighton & Hove CIC is a registered Community Interest Company. The role of Healthwatch CIC is a health and social care watch dog run by and for local people. It is independent of the NHS and Brighton and Hove City Council. Some volunteers work across both Healthwatch and Impetus (voluntary organisation).

Each month Impetus and Healthwatch have volunteers (lay assessors) that visit a selection of Home Care Providers and care Homes. Healthwatch undertake 'enter and view' visits to selected care Homes identified by the BHCC Quality Team. The purpose of these visits is to gain a 'service user' perspective on the services provided.

Both BHCC and CCG meet on a regular basis with Healthwatch to inform the programme of work 'enter and view' visits.

Impetus visit a number of 'service users' each month in receipt of Home care packages. Outcomes of these reports are shared with the relevant provider and the BHCC Quality Team.

This information helps inform the 'Quality Team' determine whether a broader focussed quality audit is required by the 'Quality Team' e.g. monitoring of staff training records or focussing on medication recording etc.

5. Important considerations and implications

There are a number of formal requirements of papers coming to the Health and Wellbeing Board. You need to consider any important legal, financial, equalities, sustainability, health, public health, social care and children's services implications. You will have to consult officers in the council to complete any relevant section. State who you consulted, when and summarise what advice was given.

Legal: 5.

- 5.1 It is a function of the Health and Wellbeing Board to monitor and oversee adult health and social provision in the City. The Care Act 2014 requires the Local Authority and Health partners to work in partnership in ensuring the care and support needs of the people in the city are met. The Care Act 2014 also requires the Local Authority to both shape and have market oversight of provision in the City to ensure care and support needs of the local populace can be met.

Lawyer consulted: Sandra O'Brien Date: 4 May 2016

Finance:

5.2

There are no financial implications as a direct result of the recommendations of this report, however, any plans or new initiatives for service improvements should be rigorously appraised to ensure the best value for money for service delivery is achieved.

Finance Officer consulted: David Ellis Date: 26th April 2016

Equalities: N/A

5.3

Consider and address any equalities implications. This section should be completed and approved with relevant equalities officer support.

Sustainability: N/A

5.4

Consider and address any sustainability implications. This section should be completed and approved with relevant sustainability officer support.

Health, social care, children's services and public health: N/A

5.5

Unless already covered within the paper, address any health, social care, children's or public health implications, including the impact on established services in the city. This section should be completed and approved with support from the CCG and the Council's Public Health Directorate.

6. Supporting documents and information

Appendix one: Care Governance flow chart

Appendix Two: Good news story Care-Home Dementia outreach Team (CHIRT)

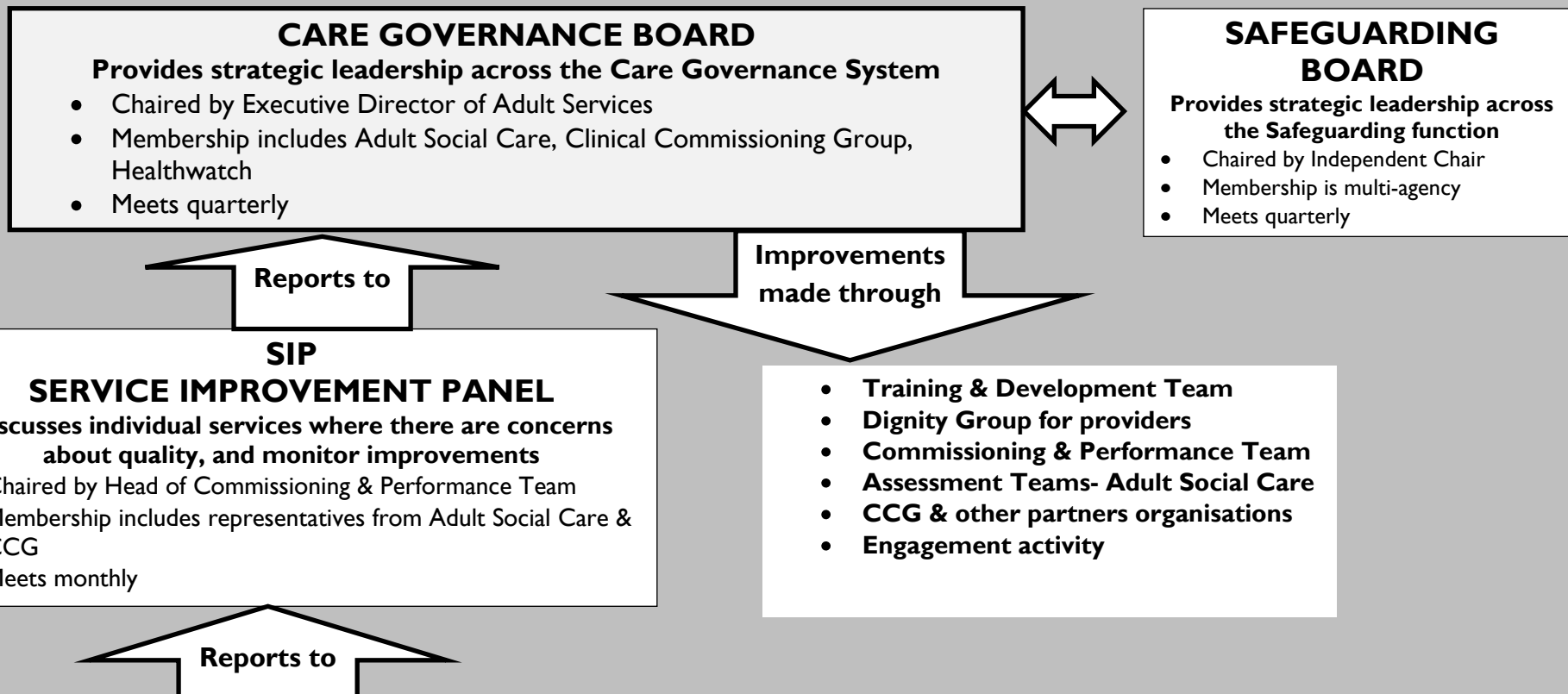
Appendix Three: Care Governance Report

Include any relevant information that you want the Health and Wellbeing Board to read. If you have considerable further information that you want the Board to be aware of, but not necessarily read, you can also deposit information with the lead officer for the Health and Wellbeing Board (Barbara Deacon) who will make it available for the Health and Wellbeing Board.

6.1

Care Governance Flow Chart

Adult Social Care services, including independent sector and Council run services (March 2016)



CARE GOVERNANCE BOARD
 Provides strategic leadership across the Care Governance System

- Chaired by Executive Director of Adult Services
- Membership includes Adult Social Care, Clinical Commissioning Group, Healthwatch
- Meets quarterly

SAFEGUARDING BOARD
 Provides strategic leadership across the Safeguarding function

- Chaired by Independent Chair
- Membership is multi-agency
- Meets quarterly

Reports to

SIP
SERVICE IMPROVEMENT PANEL
 Discusses individual services where there are concerns about quality, and monitor improvements

- Chaired by Head of Commissioning & Performance Team
- Membership includes representatives from Adult Social Care & CCG
- Meets monthly

Improvements made through

- Training & Development Team
- Dignity Group for providers
- Commissioning & Performance Team
- Assessment Teams- Adult Social Care
- CCG & other partners organisations
- Engagement activity

Reports to

Concerns about service identified by
Commissioning & Performance Team/ In-House provider Services Lead

- Gather all intelligence regarding the safety and quality of services
- Undertake robust and proportionate monitoring of service quality through audits
- Undertake timely and effective intervention where service quality is failing
- Support providers in service improvements
- Complete quarterly compact reviews (in-house provider services lead)
- Carry out Desk top reviews

Appendix two: Forums Dementia Care-Home in Reach Team Good news stories

Provided by Rachael Jeacock: Occupational Therapist Sussex partnership Trust B&H
Dementia Care-Home in Reach Team

The Brighton and Hove Dementia Care Home in Reach team (CHIRT) work in partnership with care homes, the care staff and residents' families to promote quality of life and meaningful occupation for the residents with a dementia. As part of a bespoke action plan with each home CHIRT develop evidence based psycho-social interventions. Below are some examples of best practise within the care homes following CHIRT involvement:

- **The environment:**

Homes are recognising the importance of developing dementia friendly resources and the CHIRT assess and advise the homes with recommendations such as clear signage, contrasting colours, lighting, orientation boards, visual timetables and menus which all help residents to maintain their independence and orientation for as long as possible.

- **Meaningful occupation:**

CHIRT advise and promote the importance of 24 hour meaningful occupation and activity for residents with dementia. Homes are employing activity workers who are working collaboratively with the carers and offering activities throughout the day and evening. This can be individual short meaningful interventions focusing on the residents' sensory choices and /or group activities. Homes are feeding back that by offering meaningful occupation their residents are less agitated, are sleeping better and are more engaged. CHIRT promote best practise with the activity workers by running a bi-monthly Activity Workers Forum which enables the members to develop their confidence and their skills.

- **Dementia friendly resources:**

CHIRT promote best practise initiatives such as Doll Therapy, personalised music choices using headphones, Reminisce Therapy and rummage boxes, encouraging residents to do every day activities.

- **Appropriate use of medication in Dementia:**

CHIRT have promoted appropriate use of medication in dementia. They have completed over 120 medication reviews which have resulted in the stopping of anti-psychotic medication which in turn homes have reported an increase in residents' positive well-being. They report residents are more alert, are eating and drinking better, a reduction in falls and more socially engaged.