

Report of the Commissioning & Contracts Manager, Adult Social Care

Residential, Nursing & Homecare Services – Quality Standards

Summary

1. Members of the Health Overview Scrutiny Committee will recall the last report they received on the 26th November detailing the performance by organisations providing a service in York against Care Quality Commission standards and the Adults Commissioning Team’s Quality Assessment Framework. Members will also recall that the processes in place to monitor the quality of services delivered by providers of Residential/Nursing Care and Homecare in York and are reminded that services are also regulated and monitored by the Care Quality Commission. Members will also recall the presentation at the January meeting by the Regional Care Quality Commission lead regarding their new inspection framework.

2. From October 2014, the Care Quality Commission has commenced a new approach to the regulation and inspection of care homes. Their consultation “A New Start” set out the principles that will guide how CQC will inspect and regulate care services in the future and included;
 - Intelligent use of data, evidence and information to monitor services
 - Expert inspections
 - Additional information for the public on its judgements about the quality of care including a rating to help people choose services.
 - Detailing the action they will take to require improvements and where applicable the action they will take to make those responsible for poor care to be held accountable.

3. The new model has been rolled out from October 2014, and providers will all get a published rating. The Care Quality Commission (CQC) will also assume a Market Oversight function from April 2015 and are envisaging all providers to have a published rating by March 2016. The new inspection model will work on asking five key questions of services;
 - Are they safe?
 - Are they effective?
 - Are they caring?
 - Are they responsive?
 - Are they well led?

4. The new ratings system that will be adopted by CQC is detailed below;
 - Outstanding
 - Good
 - Requires Improvement
 - Inadequate

Background

5. All services are regulated by the Care Quality Commission (CQC) and, as the regulator, it carries out regular inspection visits and follow-up visits (announced/unannounced) where applicable. The frequency of CQC inspections will be dependant on the provider's rating and on intelligence received in between scheduled inspections. All reports are within the public domain and CQC have a range of enforcement options open to them should Quality and Standards fall below required expectations.

6. The Adults Commissioning Team work closely with CQC in the sharing of concerns and information relating to provision but the Council also adopts its own monitoring process (Quality Assessment Framework). The standards that it sets are high and providers are expected to achieve compliance in all aspects. Should performance fall below the level that is acceptable, a provider will be placed on enhanced monitoring or improvement plan. This can also lead to placements being suspended, often on a mutual basis, until quality and performance improves. The team also undertake visits jointly with colleagues from the PCU and the Vale of York Clinical

Commissioning Group where it felt necessary or there are safeguarding concerns.

7. The Adult Social Care Commissioning & Contracts team have a programme in place to carry out a Consultation and Observation visit and a Quality Assurance Visit each financial year. In addition to a full report, summary reports are now produced to provide readily available and transparent information to CQC to inform any pending inspections.
8. In addition to the standard visits listed above the Commissioning & Contracts team have also introduced Business Meetings at Care Homes to help effectively work with care home providers to support organisations and prevent issues escalating. This has been well received by providers.
9. Members will also recall the consultation that is undertaken jointly in care settings between the Adults Commissioning Team and Healthwatch. To ensure good practice is maintained, officers recently met with representatives from Healthwatch with positive feedback shared in respect to the effectiveness of the approach. It has also now been agreed to extend the joint consultation visits into the Council's Older Persons Homes and into Sheltered Housing with Extra Care Schemes.
10. It was highlighted by CQC in January's presentation that the expectation from themselves was that initially provision would fall into the "requires improvement" across the country as providers adapted to the new requirements. The current national picture shows that 1650 providers have been inspected under the new framework and of these 15 (1%) have been rated as Outstanding, 1019 (62%) as Good, 483 (29%) as Requires Improvement and 133 (8%) as Inadequate.
11. The details below shows that 12 providers have been inspected in York to date and issued with a rating, these show that none have been rated as Outstanding, 5 as Good, 6 as Requires Improvement and 1 as Inadequate. 2 organisations have been inspected but not as yet given a rating.
12. Members will need to note that CQC are in a transitional phase in relation to reporting and their new inspection process. Older reports are in the style that Members will be familiar with and new style

reports showing the ratings as identified in paragraphs 10 & 11 of this report. The analysis of performance in York is detailed below and shows the outcomes of the two approaches adopted.

13. Copies of all CQC reports can be found at www.cqc.org.uk
14. This report informs Members both of the processes that are in place to ensure services are monitored appropriately and that measures are in place should performance and quality fall below the standards expected by the Council. Members will note that the Council adopts its own high level of expectation from Providers and at times takes action even if providers are deemed to be CQC compliant.

Residential Care

15. Of the 43 homes in York, 34 have been inspected under the old style of inspection, 31 of these are fully compliant and 3 are non-compliant with all 3 having one compliance action and 1 of the three homes also having a single enforcement notice. 8 homes have been inspected under the new/intermediate approach and 3 have been rated as Good, 4 Require Improvement and 1 as inadequate. There is 1 home awaiting inspection.
16. Of the 8 homes with identified actions, one (Mental Health Provision) is currently listed as inadequate which is a concern to the Council and officers are working very closely with CQC and the Provider regards on-going provision. One organisation (a regional learning disability provision) has two homes which are rated as requiring improvement and the other 5 homes are for Older People. The Council has been working closely with the above providers who have been placed on improvement plans and it is envisaged that the position should improve in the very near future. One City of York Council Service has one compliance action.
17. The presenting reasons aside from the home which is classed as inadequate are mainly around records, medication and staffing requirements (skills, training etc).

Home Care

18. Of the 37 organisations providing services in York, 23 have been inspected under the old style of inspection and are all fully compliant, 6 have been inspected under the new/intermediate

approach and 2 have been rated as Good, 2 Require Improvement and 2 are still awaiting an overall rating. Of these we expect one to be Good and one to be Requires Improvement. There are however 8 organisations awaiting inspection as they are either new to the area or registered at new locations.

19. Of the two organisations rated as requiring improvement, one is a provider with whom the Council does not commission services from and the other is in relation to supported living services provided by the specialist regional learning disability organisation detailed in paragraph 16. The areas that the organisations need to improve in are recruitment, records, medication and staff skills.
20. We are expecting that one of the providers not yet rated will receive “requires improvement” and is one of the Council’s existing framework providers. Issues were evident and identified through the Council’s monitoring processes prior to a CQC inspection and whilst there were significant concerns during late 2014, the position has improved as a result of additional investment from the organisation, and sustained intervention by the Commissioning Team alongside colleagues from CQC. The provider remains on an improvement plan and regular enhanced monitoring, as it is acknowledged that they still have further work to do to embed and sustain these improvements. A follow up inspection by CQC is due shortly.

Summary

21. The last report received by Members in November 2014 identified that 64 out of 73 services were recorded as being fully compliant, a compliance level of 88%. It is difficult to relate this to current levels because of the transitional CQC approach. However if we look at services inspected to date under both methods, there are 10 organisations listed as been non-compliant or requiring improvement/inadequate which would mean a compliance level of 86%. There are however 11 organisations listed as awaiting inspection or awaiting rating so the figure is not a true comparison at this stage.
22. It is recognised by CQC that the new stringent methodology will mean that for providers to get a ‘good’ rating, they will have to demonstrate particularly good overall practice, as there is no adequate rating. They also anticipate very few providers getting an ‘outstanding’ rating initially.

23. There is an expectation that across the sector some providers may initially get 'needs improvement' ratings, as providers come to terms with the new requirements. Therefore, officers along with CQC will be monitoring this closely in the coming months. Whilst we have held workshops for providers in order to try and prepare them for the changing requirements, we do though anticipate it may still take some time for providers to adapt to the new inspection methodologies.
24. Members may also wish to note the outcome of the latest Customer survey on Homecare undertaken by the Adults Commissioning Team. Out of a total of 189 customers surveyed, 90% stated that they were satisfied with the quality of the services they received.
25. Members were keen to be able to call organisations to account if it was felt that performance was not improving over a period of time. It was agreed that the criteria should look at persistent failure and an organisation not improving or taking steps to improve their "rating" between the six monthly update reports to Members. It is not felt that at this stage any organisation falls into that position but this will be monitored on an ongoing basis.
26. Whilst some providers may be compliant within CQC inspections, there are instances where the pro-active monitoring and QAF process adopted by the Council has identified some concerns that may lead to an improvement planning process being initiated or enhanced monitoring applied. Part of this process is often to adopt a mutually agreed suspension on new placements whilst issues are addressed.
27. The Care Act will also introduce a regime via CQC to oversee the financial stability of the most hard-to-replace care providers, and to ensure people's care is not interrupted if any of these providers fail. The Act also places additional responsibilities on Local Authorities in relation to Provider Failure.
28. The Bill imposes clear legal responsibilities on local authorities where a care provider fails. The current law dates back to 1948, when care was provided and managed very differently. There are now many large care providers that span several local authority areas. The Bill makes it clear that local authorities have a temporary duty to ensure that the needs of people in either residential care

(care homes) or receiving care in their own home continue to be met if a provider fails. Local authorities will have a responsibility towards all people receiving care. This is regardless of whether they pay for it themselves or whether the local authority pays for it.

29. A number of the capacity and quality concerns identified of late are linked to the recruitment and retention of care staff across the city and the sector in general. Officers have held three workshops with providers, the Independent Care Group and Workforce Development and are now working with internal Council colleagues to look at what assistance we can give to assist with retaining staff and supporting additional recruitment.

Implications

Financial

30. There are no finance implications associated with this report.

Equalities

31. There are no direct equality issues associated with this report

Other

32. There are no implications relating to Human Resources, Legal, Crime and Disorder, Information Technology or Property arising from this report.

Risk Management

33. There are at present no risks identified with issues within this report.

Recommendations

Members to note the performance and standards of provision across care service in York.

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**Report
Approved**

Date 11 March 2015

✓

Specialist Implications Officer(s)

Wards Affected:

**AI ✓
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For further information please contact the author of the report