HEALTH SCRUTINY AND PERFORMANCE PANEL **Agenda Item No.**

18th December 2012

1 Nursing and Residential Care Quality Assurance Progress Report

Department: Social Care and Inclusion and NHS Walsall - Joint Partnership Working Across the Health and Social Care Home Economy

1.1 Executive Summary:

This paper provides an update on the progress in embedding Quality Assurance in Walsall's care home community.

1.2 Reason for scrutiny:

The purpose of this scrutiny panel report is to describe progress in improving quality and outcomes for vulnerable people in receipt of residential and nursing care.

1.3 Recommendations:

That:

- The Panel notes the progress made and the areas for further action.

1.4 Background papers:

Previous reports to panel on this subject include the "Nursing and Residential Care Quality Assurance Framework" 24 January 2012

1.5 Resource and legal considerations:

None. Resources to develop care home quality assurance are being found from within current budget allocations.

1.6 Citizen impact:

The combined initiatives identified in this report improve the service delivery and therefore outcomes for care home residents and their carers. Improvements in quality management, co-ordination, training, medical efficacy, responses to care concerns, corrective action and workforce development in and around cares homes are having a significant impact on care received and dignity for service users.

1.7 Environmental impact:

No direct impact on the carbon and sustainability agenda.

1.8 Performance management:

The quality assurance agenda is overseen by the Walsall Partnership Quality Board (WPQB) - formally the Walsall Care Homes Quality Board (WCHQB). The Board oversees and commissions joint activity to raise care home quality both in the borough and with regional neighbours. The board is jointly chaired by Walsall Council's Head of Community Care and the Lead Nurse (Quality Improvement and Partnerships) for Walsall Clinical Commissioning Group.

1.9 Equality Implications

Equality and Diversity have been included in the criteria for the Incentive scheme and the *Hearing the Voice of the user* initiative. An Equality Impact Assessment will be undertaken as part of the board work programme for 2013-14.

1.10 **Consultation**:

There have been well attended consultation events, workshops and pilot projects with the care home and community based care sector during 2012. Examples are included in the body of the report but they include consultation on a Care homes Incentive scheme, the roll out of the Self Assessment Survey across all care homes, piloting of the a New Quality Assurance Improvement Tool, and two workshop for the support for living at home Sector.

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2 BOARD REPORT: NURSING AND RESIDENTIAL CARE QUALITY FRAMEWORK

2 INTRODUCTION

2.1 Walsall Council's Social Care and Inclusion Directorate works closely with NHS Walsall partners to oversee the borough's care homes. The aim being to assure the care quality of the contracted services, sustain a diverse care market, manage changes in care providers, and detect and address care concerns. Partners operate within the statutory framework overseen by the Care Quality Commission (CQC) which registers homes against national standards of care and Local Procurement and contracting expectations.

2.2 The Walsall Partnership Quality Board (WPQB) has led on a programme to co-ordinate and enhance this activity to systematically raise the standards of care. The Board has drawn together the key agencies, professionals and clinicians responsible for care quality with commissioners, providers and service user advocates to ensure a robust response to poor quality and quality improvement for all.

2.3 The Board has set out to address areas of poor quality and neglect in the care sector. Suspension of admissions due to confirmed poor service delivery have significantly reduced market capacity/choice and created financial uncertainty for providers. Some care homes are known for variable quality dependent upon the quality of management or level of council scrutiny. Weak workforce planning across the sector also impacts on the local care economy and opportunities for local residents. Poor staff retention has served to undermine the stability of care and sustainable management.

2.4 The Board has sought to commission specific activity to address both this existing poor quality but also move the focus from *reacting* to care lapses to *proactive* actions with the care sector to raise base line quality and focus attention on the outcomes, quality of life and dignity of care users. This has included actions to:

- Develop new channels for hearing the voice of service users;
- Measure the improvement in care for care service users and their advocates;
- Identify and eradicate poor care quality when it is identified;
- Improve quality standards including care and clinical outcomes;
- Jointly work with other local authorities to co-ordinate market information;
- Engage with regional and national forums on best practice and quality initiatives;
- Encourage innovations in the care sector and improve the care experience; and
- Monitor, review and evaluate the effectiveness of quality systems.

2.5 The following activity has secured ongoing improvements in care quality and specific benefits for care home residents:

- A time limited medical review team, consisting of GP, Pharmacist and Specialist nurse / health professional, has completed a programme of retrospective reviews of hospital admission data from care homes, clinical care plan reviews and the development and implementation of a quality outcomes framework .
- Ongoing audits, advice and briefings in care homes and to care provider forums have sought to raise medicine management standards, reducing unnecessary cost and improving therapeutic interventions for patients.
- Work with the nursing homes has continued to reduce the severity and incidence of grade 3 and 4 pressure ulcers dramatically over twelve months.
- Leadership training for Registered Nursing Home managers has help to embed improved management, nursing awareness, care and clinical protocols.

- An Admissions and Discharge Task Group has worked to reduce inappropriate referrals and admissions to hospital and expedite discharges to care homes where care can be best provided in the care home.
- Engagement with care providers via consultation events, workshops, forums and pilot activities has created a greater sense of direction and momentum.
- Engagement with national agendas such as *Think Local Act Personnel* national quality forum has served to share good practice across the country.
- The *Care Homes Connect* initiative has brought together community based health and social care staff with care home managers to improve joint working.
- Greater coordination of officers with care home support and monitoring roles has aided information exchange and reduced duplication and waste of resources.
- New bi-monthly meetings with regional CQC, health and social care managers have enabled closer sharing of information and action to tackle care concerns.
- Training and workshops have promoted re-ablement, personalisation and quality assurance themes within care homes and community based care sectors.
- Stroke awareness training has been provided by cardiac network.
- The provision of 48 training places to enable staff to utilise an interactive Dementia Care internet resource ("*Care Fit for VIPS"*) and the development of a bid for specialist dementia resources.

3 EMBEDDING CHANGE

3.1 The following key initiatives have underpinned the WPQB determination to see the establishment of a quality assurance framework underpinned by accurate data on service outcomes and informed by the perspective of service users.

3.2 PROMOTING INNOVATION IN CARE HOMES

3.2.1 A Care Homes Incentive Scheme has been adapted from the Commissioning for Quality and Innovation (CQUIN) approach. Any care homes wishing to join the scheme are invited to submit an innovative proposal for improving their quality of care that has been developed in consultation with their residents. Successful applications can attract one off investment in home training, facilities or local community activity. Match funding options are welcomed as are partnerships between homes or third sector agencies. Each proposal must be sustainable. Care homes known to have quality concerns must address these before being eligible to apply.

3.2.2 After extensive consultation the scheme was launched in July 2012 with more than 38 care homes attending workshops on making an applications and innovation options. At the point of submitting this report 9 applications are in the process of consideration, 4 have received conditional approval and are at the finalising stage. An independent third party will liaise with residents or their advocates to ensure outcomes are achieved before a final payment is made.

3.3 HEARING THE VOICE OF THE USER

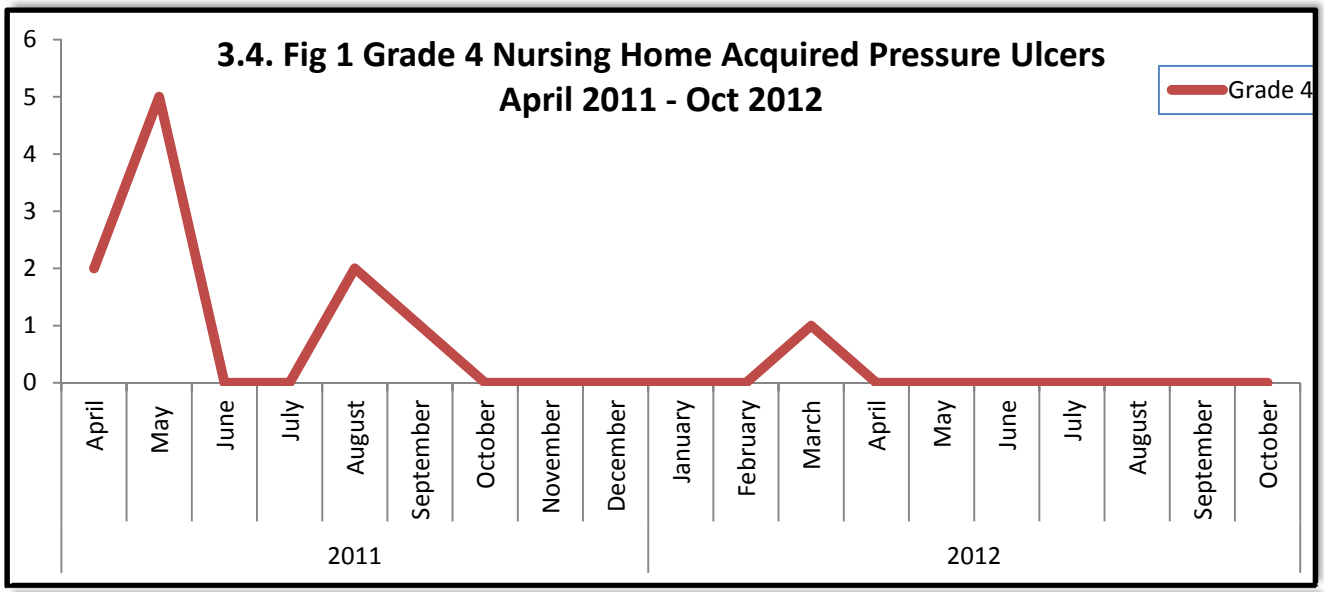
3.3.1 During 2011 the Vine Trust, a member of the WPQB, worked with existing volunteers from Church based organisations to arrange visits to care home residents in order to independently ascertain their views. Over time it became clear that for the scheme to consolidate more support would be required to recruit train and support new volunteers. The Vine Trust in partnership with two care homes has applied for and

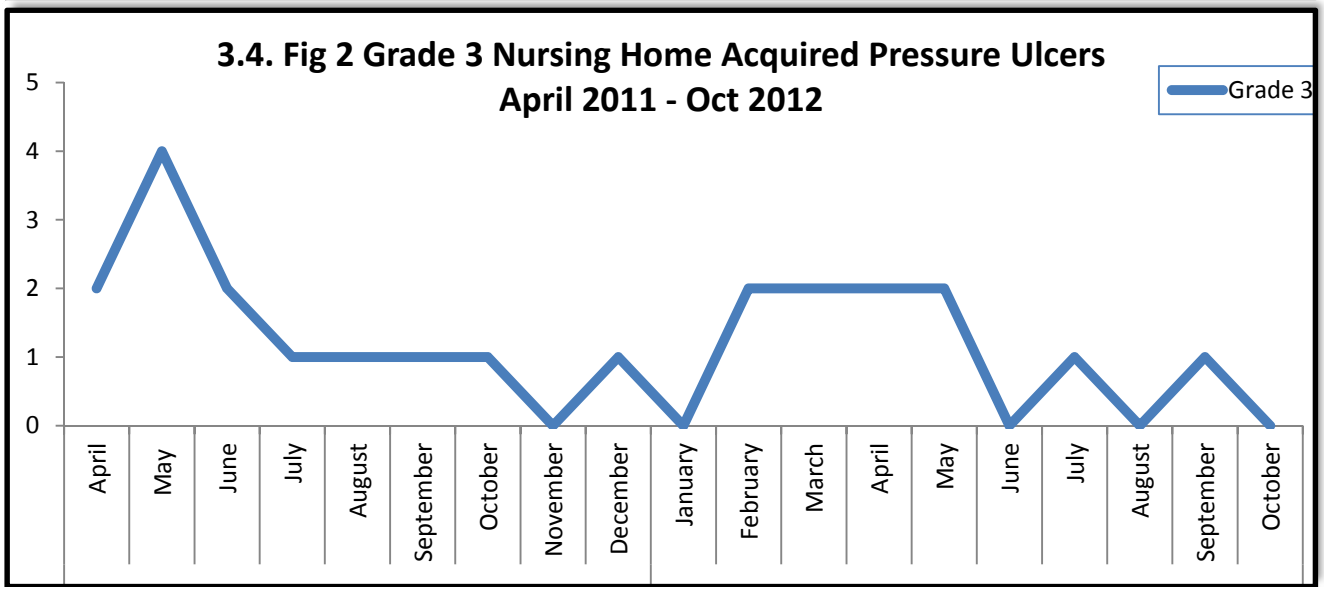
successfully secured approval for Incentive scheme funding.

3.3.2 This will enable the Trust to consolidate the support to the volunteers, establish back office coordination, develop training programmes and fund expenses. The aim is to gradually recruit new volunteers to extend the coverage of homes. Feedback from residents will inform home managers and enable feedback into the Boards work programme. Any care concerns will be robustly addressed.

3.4 DEVELOPING CARE HOME QUALITY BENCHMARKING

3.4.1 Work has been underway to ensure that this Quality Framework is underpinned with factual data on the quality of care provided by homes. Comparisons of clinical care outcomes across Nursing Care Homes (see below) shows a significant fall in Walsall's nursing home acquired pressures ulcers.





3.4.2 A *Self Assessment tool* for residential and nursing care homes has been developed to gather data from care homes on clinical and care criteria through the completion of a six monthly audit return. The tool also supports workforce development by

capturing evidence on the training of staff working in care homes. Data collection was originally embedded by the Medical Review Team and is now being consolidated throughout the care homes by the Quality Assurance Team. The gathered data will be converted into a series of benchmarking comparators.

3.4.3 Walsall has led joint work with Health and local authority managers across the Black country, Solihull and Birmingham resulting in the agreeing of a suite of data comparisons that can be deployed across the majority of care homes in the region. The data sets include:

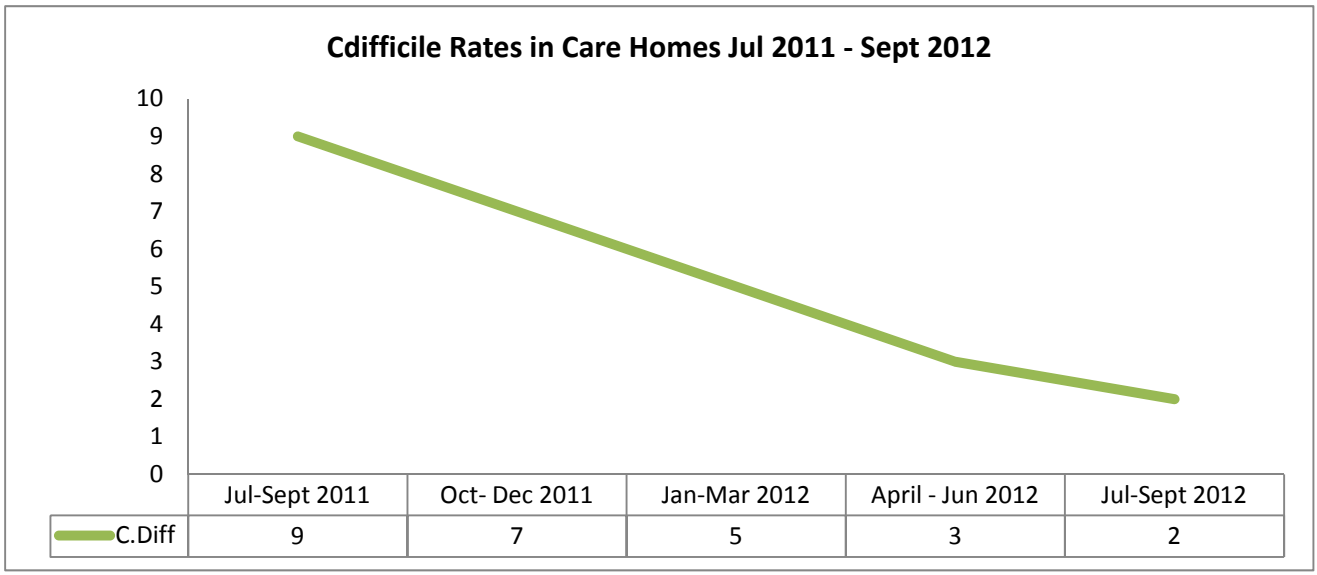
- Care Home Acquired Pressure Sores
- Infection Control
- Resident Place of Death
- Manager Turnover
- Unplanned / inappropriate hospital admissions
- Resident Falls
- Nutrition Management
- Medicine Management
- Occupancy Level
- Safeguarding
- User experience

3.4.4 The cross referencing of this data into a "dashboard" of key comparators will enable the WPQB to compare care quality across the region. Data collection is currently being pilot tested with volunteer care homes and will go live across the region throughout 2013-14. A draft example of the kinds of information will be available in the new year and is included as appendix one.

3.5 CONTROLLING INFECTIONS IN CARE HOMES

3.5.1 In line with the health economy approach to controlling infections within Walsall a service level agreement has been set up to provide an infection prevention and control service within all care homes in Walsall. The dedicated service has been in place for over a year and the following progress has been made:

- Day to day support to homes with queries and issues surrounding infections prevention is in place.



3.5.2 As can be seen above Care Home recorded incidents of C.Difficile have significantly decreased.

- Infection prevention audits have been undertaken in all homes and there are

demonstrable improvements in the standards within the homes which can be evidenced by improved audit results and implementation of action plans

- Demonstrable reduction in healthcare associated infections being reported in residents of Nursing care homes.
- Training sessions have been delivered in some of the "struggling" care homes, 2 free study days have been provided and all care homes invited
- Development of an infection prevention and control link worker system to strengthen the knowledge of infection prevention in care homes and to facilitate dissemination of further innovations and training
- Management of outbreaks
- Participation in root cause analysis of specific healthcare associated infections which has led to shared learning within the home and healthcare trust

3.6 PROACTIVELY EMBEDDED GOOD QUALITY ASSURANCE

3.6.1 The Quality Assurance team has visited all the care homes in Walsall. Initially focusing on those homes known to be struggling with their care quality, homes seeking support and advice and homes suspended from admitting new residents due to poor care quality. In conjunction with other Health and Council Officers this has involved advice, support and assistance to homes in developing and implementing corrective action plans.

3.6.2 The team is now transitioning to a more proactive approach. To this end the team has developed a Quality Assurance Improvement Tool after pilot testing with 5 volunteer homes. The tool is being used to develop jointly agreed audits of quality assurance and care standards in a home with the care manager. The process allows for the sharing of good practice, the confirmation of monitoring information submitted by the home and where appropriates the development of an improvement action plan. The team will audit every care home in Walsall by March 31st 2013 enabling the drawing up of a detailed base line assessment of care home quality that will inform future targeted improvement activity. The tool is also being piloted in community based support to live at home services.

4 FURTHER IMPROVING QUALITY

4.1 Future planned activity will include:

- The extension of registered manager training for residential care managers
- Pilot of a 'clinical wrap around' service for four nursing homes during surge period, aimed at maximising the skills and expertise of primary and secondary care physicians and providing enhanced clinical nursing support for frail elderly patients in nursing home settings
- Work to explore quality care for those at the end of their lives
- Further development of an integrated workforce training plan for the sector
- Work with the Ambulance service to reduce inappropriate referrals
- The development of a Walsall wide Dignity Pledge and conference
- Work with the Fire service to develop simple and effective evacuation information
- Establishment of Quality Dashboards for the WPQB and an *Intelligence Hub* service to analyse existing data gathered and produce trend analysis to better enable the targeting of improvement activity.

APPENDIX ONE

Birmingham, Solihull & and Black Country Quality Monitoring in Care Home – Walsall PILOT EXAMPLE

Outcome Performance Indicators			Home A	Home B	Home C	Home D	Home E	Home F	Average	Total
Care Home Acquired Pressure Sores/ Ulcers	N1	No.s of new ulcers developed within the Home in the recording period	0	0	0	1	1	0	0.3	2
	N2	No. of individuals with Grade 3 pressure ulcers in the Home in the recording period	-	-	-	-	-	-	-	-
	N3	No. of individuals with Grade 4 pressure ulcers in the Home in the recording period	-	-	-	-	-	-	-	-
	D1	Total No.s of individuals resident in the Home during the recording period	29	4	32	10	71	3	24.8	149
Infection Control	N4	No. of individuals with a notifiable Infection in the Home in the recording period	0	0	0	0	0	0	0	0
	N5	Incidents of MRSA, Clostridium Difficile, Norovirus, Other, in the recording period	0	0	0	0	0	0	0	0
	N6	% of staff in receipt of infection control training	100%	100%	57%	86%	100%	60%	0.8	-
Resident Place of Death	N7	No. of resident deaths within the Home in the recording period	0	0	0	1	1	0	0.3	2
	N8	No. of resident deaths within hospital in the recording period	0	0	0	0	0	0	0	0
	N9	Cause of death in the recording period (checklist to be developed)	-	-	-	-	-	-	-	-
Manager Turnover	N10	Registered Manager resigning post during the recording period	-	-	-	-	-	-	-	-
	N11	More than one Home Manager leaving during a 12 month period	-	-	-	-	-	-	-	-
	N12	Total No.s of Agency staff hours in the Home in the recording period	0	0	10	0	0	0	1.7	10
	D2	Total No. of nursing or staff hours in the recording period (12 weeks)	602	196	413	963	5940	336	1408.3	8450
Resident Falls	N13	Total No. of Falls in the recording period	18	0	4	25	40	0	14.5	87
	N14	Total No. of individuals who have fallen in the recording period	13	0	3	16	15	0	7.8	47
	N15	Residents falling in the Home more than x times during the recording period	-	-	-	-	-	-	-	-
Unplanned Hospital Admissions	N16	Separate admissions to hospital during the recording period	2	0	0	3	6	2	2.2	13
	N16a	Admissions due to: Chest Infection	0	0	0	2	0	0	0.3	2
	N16b	Admissions due to: UTI	0	0	0	0	0	0	0	0
	N16c	Admissions due to: Constipation	0	0	0	0	0	0	0	0
	N16d	Admissions due to: a Fall/s	2	0	0	1	2	0	0.8	5
	N16e	Admissions due to: Acute Confusional state/delirium	0	0	0	0	0	0	0	0
	N16f	Admissions due to: End of Life	0	0	0	0	0	1	0.2	1

	N16g	**Admissions due to: Mental Health Act, Voluntary Admissions, etc.**	-	-	-	-	-	-		-	-
	N16h	**Admissions due to: Other**	0	0	0	0	4	1		0.8	5
	N17	**Total No. of individuals who have been admitted to hospital during the recording period.**	-	-	-	-	-	-		-	-
Resident Nutrition Management	**N18**	**Residents with unplanned weight loss of more than 2kg (4.4 pounds) in 3 month period and in the recording period**	1	0	1	0	12	0		2.3	14
	N19	**No. of residents with a Nutrition assessment tool completed in the recording period**	26	4	3	7	65	3		18.0	108
	N20	**No.s of resident referred to dietician support in the recording period**	0	0	1	0	3	2		1.0	6
Medicine Management	**N21**	**Home has completed a Health Medicines Management audit and corrective actions during the recording period.**	-	-	-	-	-	-		-	-
	N22	**No of staff that have completed medication safe handling and awareness training**	13	10	12	35	13	11		15.7	94
	N23	**Total No. of medicine management related incidents in the recording period as reported to CQC.**	-	-	-	-	-	-		-	-
	D3	**Total No.s of nursing/care staff working in the Home in the recording period**	5	10	21	49	44	15		24.0	144
Occupancy Level	**N24**	**New residents admitted in the recording period**	2	0	3	7	8	0		3.3	20
	N25	**No. of placements terminated by provider**	-	-	-	-	-	-		-	-
	N26	**No. of placements terminated by resident (including N7)**	-	-	-	-	-	-		-	-
	N27	**No. of residents on the last day of recording period**	A	B	C	D	E	F		27.8	167
	D4	**Total No.s of registered Home beds on the day of the recording period**	A	B	C	D	E	F		30.8	185