

# BRIEFING NOTE

**TO:** Health and Social Care Scrutiny and Performance Panel  
**DATE:** 17 December 2015

## Quality Improvement in the Social Care Market

### 1.0 PURPOSE

- 1.1 This paper is to provide assurance to the Health and Social Care Scrutiny Committee on the process of quality monitoring and improvement in the social care market i.e. care homes and domiciliary care services.

### 2.0 QUALITY MONITORING

- 2.1 There are over 70 care homes within Walsall Borough, and over 80 homecare companies which provide service in the Borough, and all of these are registered with the Care Quality Commission. The quality standards of care are monitored on an on-going basis between the Care Quality Commission (CQC), Walsall Council and Walsall Clinical Commissioning Group (CCG). This paper describes the role of each of these agencies.

#### The Care Quality Commission

- 2.2 In October 2013 CQC proposed new plans to monitor, inspect and regulate care homes within England, introduce a rating award for care homes and improve the inspection process by increasing capacity and expertise of inspection teams (this new approach is outlined in the document – “A fresh start for the regulation and inspection of adult social care”). These arrangements started from April 2014, and from that time Care Quality Commission inspections have focussed on 5 key questions about care services that are regulated:

Are they safe?  
Are they effective?  
Are they caring?  
Are they responsive?  
Are they well-led?

- 2.3 As a result of these changes CQC have re-introduced ratings for care homes: outstanding; good; requires improvement; and inadequate. They use both qualitative and quantitative data to assist them in coming to a judgement. The main features of the process are as follows:
- Systematic collection of people’s views and experiences – including complaints.
  - Inspection teams that include “experts by experience”.
  - Tougher actions in relation to breaches in regulation
  - Checking on new providers at the time they apply to register to ensure they have the right motive, values as well as ability and experience

- Ratings are designed to promote people's choice of care setting
- Frequency of inspections depend on the ratings
- Use of data and analysis to target the inspection resources
- New standards to underpin the 5 questions above
- Working closely with Local Authorities to avoid duplication of effort
- Focus on leadership, governance and culture with a different approach for larger or smaller providers.
- Better use of technology to capture people's views
- Specific guidance on expectations for the induction and training of staff who work in adult social care
- Work to ensure a more open culture in care homes and better integration with local communities
- Allowing providers to pay for additional inspection to help them gain quality standards
- Finding a better way to regulate supported living schemes
- Potential use of mystery shoppers and hidden cameras to monitor care.

2.4 This new way of working will have taken full effect by March 2016. Each year the CQC publish an annual report entitled "The State of Care" which provides an analysis of the quality of care across the country. The latest report for 2104/15 has just been published and this can be used to inform local authorities of the ratings of care businesses in their area. As a result of this new way of working by CQC, there is more press coverage of the outcome of inspections and this has created a sense of a greater level of attention on care homes and domiciliary agencies which are criticised by CQC, and a raising of expectations that standards of care are being met.

2.5 CQC also inspect services provided by the Council and there has one been Inspection under the new regime, which was of the Fallings Health Respite Care Centre with an outcome rating of 'good'.

2.6 CQC inspections are conducted upon those businesses that are registered by the CQC to be a part of the regulated social care industry. There are some elements of care and support services that are not registered by CQC, such as Personal Assistants, and there are sometimes arrangements whereby service users spend their direct payments on services that are not part of the regulated sector. The Directorate is working with other regulatory functions in the Council, such as Trading Standards, to monitor the quality of these services, and is implementing a more specific project for supporting high quality provision by Personal Assistants.

### **Quality Improvement by Walsall Council**

2.7 Within Walsall Council there are a range of quality assurance activities including contract management in the Commissioning Teams; contract compliance in the Corporate Procurement Team; Adult Safeguarding Team; Assessment and Care Management; management of Complaints; and Infection Control in Public Health. Social Workers and others are engaged in an on-going process of arranging residential placements and care packages and conducting individual case management and review, and this means they are constantly in touch with domiciliary care agencies and visiting care homes in person.

- 2.8 Where concerns are raised with the Council e.g. by residents, service users, families, staff working for care homes or domiciliary care agencies, or members of the public, then they are logged by the Corporate Procurement Team. This triggers a process of closer scrutiny according to the number of concerns that are raised about an individual business. Where concerns are clearly about significant safeguarding issues then the Safeguarding Adults Team will lead the investigation. Otherwise, commissioners will lead the process of closer scrutiny which seeks to validate concerns by collecting evidence from all the various sources listed above in partnership with CQC and the CCG.
- 2.9 The Council works closely with CQC to ensure that any concerns resulting from a CQC visit are notified to the Council prior to the later publication of a report which may then be covered in the press. The Corporate Procurement Team also maintain close working relationships with neighbouring Council's and share information about concerns or incidents raised in care homes outside of Walsall which have residents from Walsall.
- 2.10 Where there is substantive evidence of a failure in the quality of a service then the commissioner has the option to restrict or suspend new business with the provider, or in extremis to transfer residents or service users to a different care home or domiciliary care agency. In the case of a restriction or suspension, the care home or domiciliary care agency will be expected to produce an improvement plan which is to be implemented within an agreed timescale. This is then followed up to provide assurance on the sustainability and continuity of improvements before any restriction or suspension is lifted.
- 2.11 These arrangements are set out as Council policy and have an associated set of procedures which must be followed. Council policy and procedures also address a situation whereby there is a planned or unplanned business failure resulting in the need to find alternative care services for residents or service users. This may be a failure of a national corporate provider such as was the case with Southern Cross in 2011 or a small locally run family business.
- 2.12 The Corporate Procurement Team produce a monthly report which identifies all the incidents/concerns that have been reported from care homes or domiciliary care agencies in the previous month, which is circulated to commissioners and others involved in the quality monitoring process, and to CQC and the CCG.

### **Quality Improvement by the CCG**

- 2.13 Quality of clinical service delivery is a key monitoring function of the Clinical Commissioning Group (CCG); this includes medicines management reviews, monitoring, recording and management of pressure ulcers, hospital avoidance schemes, end of life support, clinical support and leadership arrangements. The Continuing Health Care Team commissions on-going assessment and review of people in care homes funded by the CCG.
- 2.14 The CCG has recently invested significant additional resources to expand the support for care homes provided by GP's and the Community Health Services of Walsall Healthcare Trust. For each nursing home there is a nominated community matron and designated medical cover to support high quality of care for the residents. This has led to a 67% reduction in nursing home residents being

conveyed to hospital by ambulance in the last 9 months. Nursing home beds are also being commissioned for step down of patients from hospital (intermediate care and discharge to assess) and there is close working relationships between the Integrated Discharge Team in the hospital and the nursing homes facilitated by commissioners.

- 2.15 The Director of Governance, Quality and Safety and her team in the CCG work closely with the Council and CQC to co-ordinate the overall process of quality improvement across the social care market. Quality Assurance visits are conducted to nursing homes; this may be alongside the Local Authority Monitoring teams or on separate visits. Quality standards are measured against the nursing contractual framework with the homes. The CCG work in partnership with the homes where additional support is required to meet those standards. The aim is to promote innovation, sharing of information and best practice, highlight local developments and networking opportunities for independent sector staff. To assist nursing home staff in meeting the standards, nursing home managers are supported to complete a quality assurance self-assessment tool and collate and analyse the outcomes.
- 2.16 This self-assessment is now administered by the Council Older People Services Commissioning Team and it has been rolled out to all residential care homes since April 2015.
- 2.17 The quality assurance self-assessment toolkit covers a range of clinical and non-clinical indicators that care homes can use to identify positive outcomes for patients and staff, but will also provide an early warning to areas requiring further attention that may require improvement.
- 2.18 The quality team at Walsall CCG and the Council commissioning team analyse the data and provide each manager with anonymised data benchmarking them against similar care homes within the Borough. All data is collated in the form of a dashboard which is monitored through the Walsall Partnership Quality Board.

### **3.0 QUALITY BOARD**

- 3.1 The Quality Board has representation from all of the constituent parts of the quality monitoring process as described above, including CQC, plus representation from Healthwatch, which has its own responsibility for monitoring the quality of social care services. It is co-chaired between the Council and the CCG and holds bi-monthly meetings.

### **4.0 CONCLUSION**

- 4.1 There is growing recognition that the social care sector is facing major difficulties in the current financial climate. 70% of the funding for the sector comes from local authorities and as the budget cuts continue, then the financial viability of more and more businesses will be compromised. Government announcements around the Living Wage have raised considerable concerns on the part of the sector, and of Local Authorities as set out in a recent letter to the Chancellor from the Local Government Association and representatives of the sector (see attached).

4.2 In this situation, it is particularly important that the current programme of robust monitoring and management of the quality of social care services in Walsall continues.

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