

24 January 2012

Nursing and Residential Care Quality Framework

Ward(s) All

Portfolio: Councillor B. McCracken – Social Care and Health

Department: Social Care and Inclusion and NHS Walsall Quality Division - 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 care to this client group include: *Elderly Care at Walsall Healthcare* NHS Trust Panel meeting 24 October, 2011

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 will improve the quality management, service delivery and therefore outcomes for care home residents and their carers. Improvements in co-ordination, training, medical efficacy, responses to care concerns, corrective action and workforce development in and around care homes are having a significant impact on care received, quality of life 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 Care Homes Quality Board (WCHQB). The Board has an action log and work plan and oversees and commissions joint activity to raise care home quality in the borough and with regional neighbours as appropriate. The board is jointly chaired by Walsall Councils Head of Community Care and NHS Walsall's Assistant Director of Nursing Quality and Safety in the PCT with reports presented to the PCT and the Executive Director Social Care

and Inclusion management teams as required.

1.9 Equality Implications

Equality of opportunity concerns have been raised in the board and an Equality Impact Assessment will be undertaken when the work programme for 2012-13 is agreed following consultative visits to all care homes in the Borough.

1.10 Consultation:

There have been a number of consultation events in Walsall. Firstly, a major sustainability event "*Exercise Right Move*" to emergency plan for a hypothetical business failure to a major care homes provider. The event brought together agencies from all key services to explore scenarios and work out the appropriate joint responses required. A report with key actions was produced and key actions are being monitored by the WCHQB.

The WCHQB has also commissioned a sub group "Hearing the User" to review how the views of vulnerable service users can be captured and influence the work of the board. Third sector representation has been added to the board membership and is central to the subgroups' work. A questionnaire for all care homes has been advanced and proposals for peer support and appraisal developed.

The development of a Medical Review Team, consisting of GP, Pharmacist and Specialist nurse, as also enabled extensive engagement with nursing homes and the wider residential sector. The team has promoted information exchange and measureable improvements in care quality, co-ordination and joined up medical responses to medicine management, pressure ulcers care and hospital admissions.

During January 2012 every care home within the Borough is being visited by the newly formed Social Care and Inclusion Quality Assurance Team. The visits have started a new dialogue with care home managers and owners that will feed into existing care home provider forums. Discussion has also included the West Midlands Care Home Association. The visits have allowed officers to discuss with homes, the areas of quality management that they feel are working effectively in their establishment and also areas that could be improved. A further period of consultation with Care Homes will take place before the implementation of the new Care Home quality scheme.

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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. Joint work over the last 18 months has sort to address concerns over the quality of care in the borough.

3 BACKGROUND: THE WALSALL CARE HOME ECONOMY

3.1 In an average year the net spend on care home provision for Walsall residents can exceed £26.5 million PCT spend of approximately £12 million for continuing health care (CHC) placements. Walsall may place the majority or a small numbers of residents within a particular care home. 16 larger providers furnish Walsall Council with over 354 placements, but there are also a large number of single home providers.

3.2 Walsall Council and NHS Walsall fund a varying number of placements as people enter and leave the sector. This quality agenda is primarily focused on approximately 67 residential care including 12 nursing care homes. There are other registered homes that currently have no Walsall Council placements, relying instead on other authorities, health and self funders for their residents.

3.3 A developing high quality care sector serves as an employer of local people and provides support to local carers by means of both in permanent and respite care. Care Homes can also become important focal points in the fabric of communities.

3.4 Placements can be made both inside and out of borough if a need cannot be met locally. However, jointly agreed policies seek both to minimise institutional and out of borough placements in order to ensure clients have the opportunity to:

- Stay close to families and friends in their own communities;
- Utilise support in their own homes reducing the need for institutional care; and
- In the event of admission into care – residents to receive opportunities to *reable* by recovering skills and abilities that may have been temporarily lost with an option of a safe and supported return to community based living.

3.5 However, with an aging population there will always be a section of the community that will need or desire a care home placement. Social Care and Inclusion and Health jointly seek to ensure that the quality of care homes is of the highest potential level and complies with all regulatory standards.

4 ADVANCING QUALITY ASSURANCE

4.1 Existing care quality is managed across social care and health. Historically inspections, reviews and joint working between Local Authorities and Health has served to raise standards, safeguard residents and address care failures. Whilst the CQC has more recently limited its inspection activity with a move to more self registration and regulation activities, local partners have increased liaison with CQC and have redoubled efforts to ensure the quality assurance agenda is advanced.

4.2 The Council and its Health partners are variously responsible for managing the

contracts with care providers via its Joint Commissioning framework agreements and the councils' Procurement team. There are prompt responses to care concerns, whistle blowing, care home monitoring or reports from staff, social workers, residents, carers or concerned members of the community via Procurement and Adult Safeguarding.

- 4.3** Health professionals lead on infection control, medicine management, acute and general medical care in and to both nursing and wider residential care residents. Social work Assessment and care management teams regularly review all placements to ensure they match resident need, maximise client choice and where possible promote greater re-ablement, dignity and choice.
- 4.4** The joint Walsall Care Homes Quality Board (WCHQB) led by Walsall Councils Head of Community Care and NHS Walsall's Assistant Director of Nursing Quality and Safety has embarked on a programme to co-ordinate and enhance this activity to systematically raise the standards of care. The Board seeks to draw together the key agencies, professionals and clinicians responsible for care quality with commissioners, providers and service user representatives to ensure a robust response to poor quality and a greater emphasis on quality improvement for all. The boards work includes:
- 4.5**
- Raising quality standards and improving clinical outcomes.
 - Improving the co-ordination of information about provision by sector partners.
 - Increasing the understanding of the local care market.
 - Identifying *patterns of poor care quality* and working towards its eradication.
 - Informing commissioning plans for quality and capacity in the future.
 - Engaging with neighbouring local authorities to co-ordinate market information.
 - Engaging with each home to shift the focus of resources from *reacting* to concerns to *proactively* improving standards.
- 4.6** Practical benefits have already be achieved by:
- The development of medical review team, consisting of GP, Pharmacist and Specialist nurse / health professional, to support improved clinical support and training for care homes.
 - Development of a social care and inclusion Quality Assurance Team to support the WCHQB in proactively advancing care quality.
 - Ensuring improvements in care home medicine management.
 - Working with the nursing homes to reduce severity and incidence of pressure ulcers.
 - Improving sector engagement with provider forums.
 - Improving nursing homes awareness, training and communication on clinical protocols and hospital discharge arrangements.
 - Reducing inappropriate referrals and admissions to hospital where care can be best provided in the care home.
 - Development of a joint Quality self assessment framework initially in the nursing home sector and then across the whole of care home sector by April 2012.
 - Development of the WCHQB and the progression of a range of quality KPI's.
 - Updates on Dementia strategy and work via all care homes forums.

- Falls prevention training available for all care homes.
- Stroke awareness training provided by cardiac network.
- Work with local and regional partners to manage the transfer of five local homes from Southern Cross.
- A major local emergency “*Exercise Right Move*” planning event to anticipate a multiagency response to the business failure of a major care provider.
- A review of quality assurance processes to identify duplication and eliminate activity wasteful of resources.
- Development of leadership and workforce training proposals and bids.

5 DEVELOPING A LOCAL QUALITY SCHEME

- 5.1** The WCHQB has identified key lessons for care concerns, inspections and placement suspensions, and will share these insights with the sector, putting in place the support and encouragement to anticipate and avoid care shortfalls. It is proposed to use an adaptation of the Commissioning for Quality and Innovation (CQUIN) Incentive Scheme approach. This will identify local Quality self assessment framework priorities without adding unduly to the CQC national essential standards.
- 5.2** The Quality self assessment framework will capture important basic information about the homes, recent contact with CQC, numbers of residents etc. It will focus on important clinical factors such as care and management of tissue viability, nutrition, and infection control, resident’s falls, out of hour’s provision, unplanned hospital admissions, preferred place of care for end of life care/deaths, and incidents/risk management for residents.
- 5.3** In addition there will be a focus on general management of risk in the care homes, confirmation and compliance with regulation, workforce development and training and the vital experience and outcomes as defined by service users themselves.
- 5.4** To qualify for participation in the CQUIN homes will be expected to demonstrate good performance against essential standards, an evidence of striving to improve the care experience as well as a willingness to learn from care concerns. In the first instance the CQUIN will target limited additional targeted funding for equipment, specialist training and support either by individual homes or in a group when it can be demonstrated this will ensure a sustainable improvement in care and a likely reduction in future care concerns.
- 5.5** The scheme will focus initially on nursing care but also be available as a voluntary opportunity across the whole sector. In the medium term it is anticipated that the scheme may become linked to any increase in placement fees or uplifts. All care homes are being visited in January and the outline of the CQUIN will be subsequently consulted upon after care homes have contributed their perspectives.
- 5.6** The aim throughout will be to recognise the varied purposes, clientele and business models that homes have. It is therefore important to develop an open discussion of options before the scheme is agreed by partners and piloted post April 1st 2012. The implementation of the scheme will be undertaken by the Quality Assurance Team working to WCHQB. There will be regular feedback and attentiveness to innovative actions that improve the outcomes of care homes and an increase in council officer *announced* and *unannounced visits* to care homes in order to enable joint work with

providers to drive up care standards and increase the detection of poor practice.

6 FURTHER IMPROVING QUALITY

6.1 Future planned activity includes:

- Enabling residents, patients, carers and communities to influence the quality of care debate via formal community appraisal and *Hearing the User* consultation.
- Co-ordinating local Health and Social care practitioners to support care homes.
- Actions to raise/support the leadership competencies of care home managers.
- Developing care home targets and attendant improvement action plans.
- Further improving responses to complaints concerns and whistleblowers.
- Close liaison with the CQC.
- Ensuring equality and equity in access to care services across Walsall.
- Developing more local engagement between homes and local partnerships.
- Ensuring Care Reviews, Support Plans and Processes can be utilised to improve care home commissioning and quality.

6.2 The care market ranges across borough borders making joint working with local Black Country neighbours and the wider region and essential part of this integrated agenda. The Southern Cross transfer highlighted the importance of developing joint approaches to raising care quality and sharing care concerns and corrective activity with particular care providers. The WCHQB will seek to reach agreement with Black Country neighbours and others on a joint self assessment framework to enable future co-ordinated work in the interest of resident dignity, safety, and care outcomes.