BRIEFING NOTE

TO: **HEALTH SCRUTINY AND PERFORMANCE PANEL**
DATE: **17 December 2013**

RE: Care Quality Working Group

Purpose

To receive the report of the Care Quality Working Group established by the Health Scrutiny and Performance Panel on 18 December, 2013.

Background

The Health Scrutiny and Performance Panel, at its meeting held on 18 December, 2013 established a Care Quality Working Group.

The Panel are asked to consider the final report attached to this report and approve the recommendations as detailed in the Executive Summary (1.1.8 to 1.1.19) and replicated below, for submission to Cabinet.

Recommendations

1. Whole-person-care requires a shift in resources from acute to intermediate care, joining up of social and health care through evolving what works - not a one off reorganisation – with change from below where professionals work together not from the top down
2. Revisions should be made to the commissioning and contracts specifications to include models of co-production: Service Users and providers working together with officers at every level, to enhance the otherwise largely top down commissioning model.
3. Continue to use the WPQB dashboard tool to track the local transformation and improvement of care home quality with progress on key WPQB care homes targets reported to Scrutiny panel. (see 1.1.23 -22)
4. Continue to develop:

- Walsall Partnership Quality Board
- Walsall quality assurance dashboard and database mechanisms
- Embed quality assurance in commissioning and contracts

5. Develop an integrated assessment of need that captures the outcomes of individual assessments and reviews and integrates these with an overarching need analysis across the council and key partnerships. This should include a mechanism for individual's assessments being "portable" across agencies and functions and recognise the needs of carers in the process.
6. Release funding from residential and nursing care by developing credible community alternatives and reinvest savings in further quality assured preventative services in order to meet the challenge of the growing older population.
7. Further develop the preventative strategy by nurturing a choice of accessible support from within the private, voluntary and community sectors and thereby reduce the need for community based services.
8. Increase choice in service provision by working with local partner organisations and monitoring the local an national social care economies

9. Using the co-production approach develop a workforce plan with staff, service users care providers and communities - on an equal basis - to promote the nurturance, leadership and re-skilling of the care homes workforce. Recognise the significance of the 1600+ care home employees to the social economy of Walsall.
10. Interventions to address care lapses should continue to be complemented by proactive approaches to prevent such lapses in the first place. However further work is required to develop partnerships *with providers* to raise the overall baseline standard of care.
11. Service users want a credible choice about how they are treated and which care provider provides their care. Real choice requires official dashboard data on outcomes to be made available to the public.
12. Treatment options, care pathways, entitlements and rights should all be captured in a Quality Intelligence Hub and be available to staff and citizens in order to drive key quality improvements.

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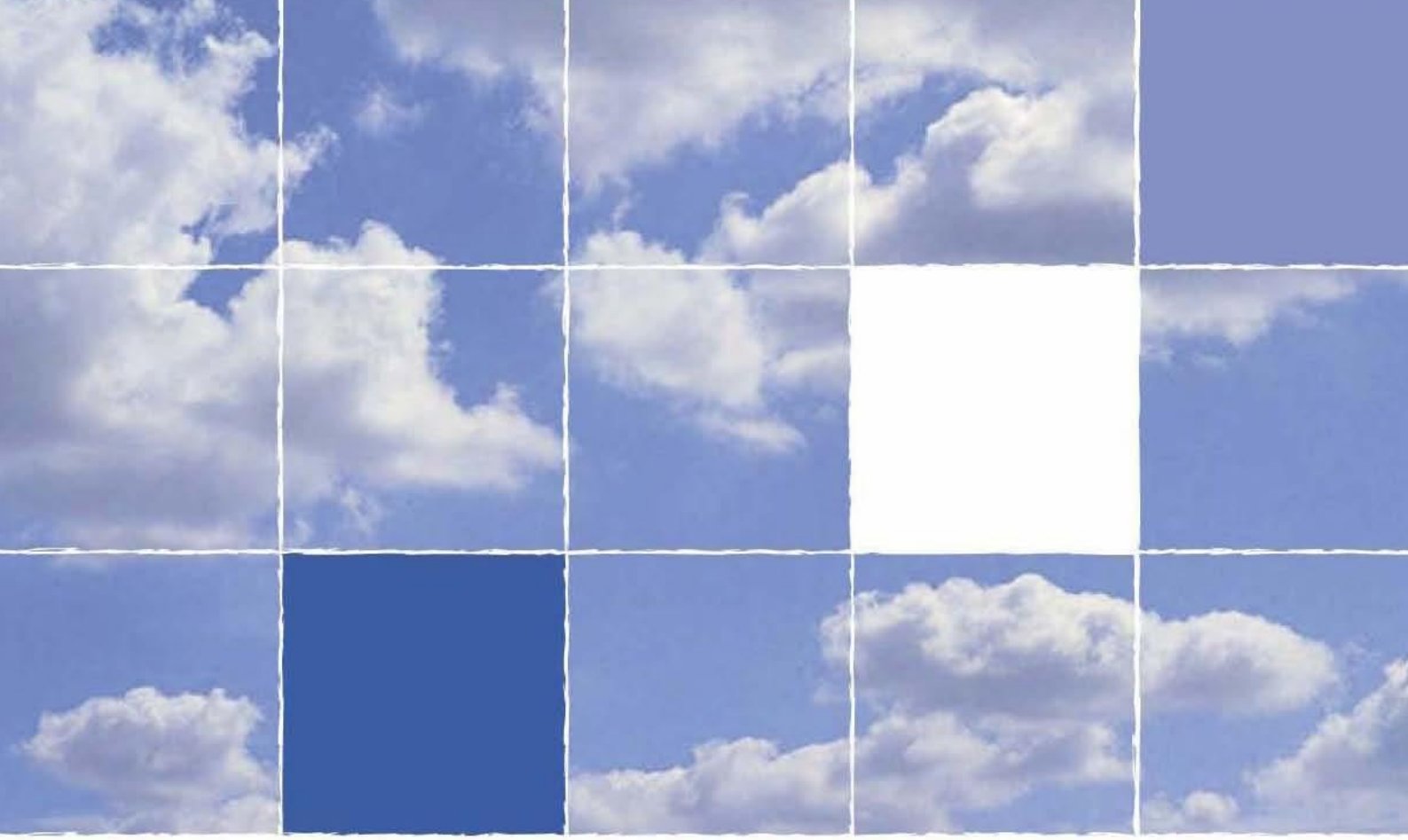


Assuring Care Quality in Walsall

Final Report of the Health Scrutiny and Performance Panel – Care Quality Working Group 2013

Executive Summary

Walsall Council

Foreword

As we move forward, we know that the financial landscape will make our task of scrutiny and delivery of services even more difficult. By 2016, we will see a reduction of over £100 million in the funding we receive from Government. Also, the environment in which we now operate is very different to that when the Care Quality Working Group was established in December 2012 to explore how we 'Assure Care Quality in Walsall'.

Certainties, financial and otherwise, indeed the very basis upon which Services have been promoted, have been challenged by significant shifts in national policy and, of course, the commencement of Walsall Councils consultations over a £7.2 million reduction in our Adult Social Care budget 2014/15 with proposals that directly impact on the areas the Working Group have reviewed and in particular our Quality Assurance Team.

New ways of operating will bring about the need to review our structures so we can ensure there is a fit for purpose connection between what we must achieve for the benefit of our Service users and the financial resources available. Perhaps the key to unlocking our full potential to meet such challenges, to work collaboratively with both Service users and communities, rests in all levels of Walsall Council taking seriously their responsibilities as leaders. This should involve a corporate and multi-agency commitment to a coordinated strategy for supporting the vulnerable and frail elderly both in the community and in care homes.

No one part of the system is more important than another. As a consequence all aspects of our work need to be reviewed to ensure it is fit for purpose. The Working Group has worked in a positive way sustaining a principled position of fairness, integrity and transparency throughout.

I would like to record my appreciation to everyone involved in our work. Councillors, staff, local people and Service users. It has been an informative and enjoyable journey to date we have learned a great deal which I hope will enhance our Services.

The model of the workshops that the Working Group has utilised has been an effective and productive approach. We encourage other Scrutiny Committees to take up this intensive and far reaching approach.

Councillor Doug James

Members of Working Group
Labour: Councillor Douglas James (Chair of the Working Group) and Councillor Eileen Russell

1.1 EXECUTIVE SUMMARY

1.1.1 This report seeks to understand the arrangements for the promotion of care quality within the residential and nursing homes of Walsall. It was clearly understood at the outset that the councils challenge was to promote quality improvements whilst operating within a narrowing financial budget that is likely to continue to reduce over the medium term.

1.1.2 Implicit in the Working Group's work was a desire to establish an evidenced approach that would enable the Health Scrutiny and Performance Panel to monitor key data and qualitative outcomes that can provide reassurance as to the direction of travel and the day by day quality of care. This later factor cannot be underestimated as elected members often hear evidence in their surgeries of failing care and poor experiences by constituents either as service users, relatives or employees in the care sector.

1.1.3 The key areas that the Working Group has sought to clarify include:

- How individuals rights and options are safeguarded during the transition into care;
- How the existing datasets can be marshalled into a focused dashboard for the Health Scrutiny and Performance Panel;
- Which indicators can realistically drive professional practices and which specifically should we use to improve qualities of care;
- How coordination and integration of social care and health can be promoted to the advantage of service users;
- What measures are in place to adequately support people in the community in particular assistive technologies and dementia care;
- What plans are in place to address the demographic time bomb; and
- Demands on services and existing blockages in hospital discharge and assessment.

1.1.4 The Working Group was aware that the Directorate and the Walsall Partnership Quality Board are trying to balance the need to improve quality and keep people in their own homes for as long as is practical whilst many citizens still expect a care home placement to be available at an earlier point. This gap is often referred to as a product of a *dependency based welfare approach*. Despite this the citizens of Walsall and their relatives may experience services as not being there for them when they most need them.

1.1.5 Questions that the Working Group have asked Senior officers to address have included:

- What specifically are the council's responsibilities?
- Where is the Council taking elderly care in the medium and long term?
- What shape of service do we anticipate in the context of severe challenges?
- What in the elderly care budget is vital to defend and what are the key statutory responsibilities?

- What are the best models for future service redesign?
- Are our responses, staff and assessments in the right places?

1.1.6 The Working Group has sought to support and not distract from important officer activity whilst examining good practice, identifying areas for improvement but also challenging areas of concern and testing the rationale behind service plans. Throughout the voices of service users and in particular their views about services has been encouraged.

1.1.7 The many observations and recommendations from the Working Group's sessions are:

- summarised below from paragraphs 1.1.20-23
- In addition there is detail on the findings of the field work sessions in *Part 2: Core Findings Section 3.* (separate document)

However the key *thematic* recommendations in this executive summary for consideration by Scrutiny Panel are as follows:

1.1.8 Whole-person-care requires a shift in resources from acute to intermediate care, joining up of social and health care through evolving what works - not a one off reorganisation – with change from below where professionals work together not from the top down.

1.1.9 Revisions should be made to the commissioning and contracts specifications to include models of co-production: Service Users and providers working together with officers at every level, to enhance the otherwise largely top down commissioning model.

1.1.10 Continue to use the WPQB dashboard tool to track the local transformation and improvement of care home quality with progress on key WPQB care homes targets reported to Scrutiny panel. (see 1.1.23 - 22)

1.1.11 Continue to develop:

- Walsall Partnership Quality Board
- Walsall quality assurance dashboard and database mechanisms
- Embed quality assurance in commissioning and contracts

1.1.12 Develop an integrated assessment of need that captures the outcomes of individual assessments and reviews and integrates these with an overarching need analysis across the council and key partnerships. This should include a mechanism for individual's assessments being "portable" across agencies and functions and recognise the needs of carers in the process.

1.1.13 Release funding from residential and nursing care by developing credible community alternatives and reinvest savings in further quality assured preventative services in order to meet the challenge of the growing older population.

1.1.14 Further develop the preventative strategy by nurturing a choice of

accessible support from within the private, voluntary and community sectors and thereby reduce the need for community based services.

1.1.15 Increase choice in service provision by working with local partner organisations and monitoring the local an national social care economies

1.1.16 Using the co-production approach develop a workforce plan with staff, service users care providers and communities - on an equal basis - to promote the nurturance, leadership and re-skilling of the care homes workforce. Recognise the significance of the 1600+ care home employees to the social economy of Walsall.

1.1.17 Interventions to address care lapses should continue to be complemented by proactive approaches to prevent such lapses in the first place. However further work is required to develop partnerships *with providers* to raise the overall baseline standard of care.

1.1.18 Service users want a credible choice about how they are treated and which care provider provides their care. Real choice requires official dashboard data on outcomes to be made available to the public.

1.1.19 Treatment options, care pathways, entitlements and rights should all be captured in a Quality Intelligence Hub and be available to staff and citizens in order to drive key quality improvements.

GENERAL RECOMMENDATIONS IN THE BODY OF THIS REPORT

1.1.20 **Governance:**

The Working Group recommends to Scrutiny Panel that:

1. The proactive work of the Walsall Partnership Quality Board continues and the Health Scrutiny and Performance Panel should receive both a regular *qualitative* report on progress and a specific extract from the Walsall Partnership Quality Board dashboard and targets (see detail later section 3.5.4);
2. Whilst the complaints process appears comprehensive, procedures and processes for dealing with complaints should be more widely understood amongst the public;
3. That as much of the quality data as is reasonable should be placed in the public domain to enable potential residents and their relatives or advocates to make informed judgements on the quality of care in Walsall;
4. The current dashboard could be further enhanced by:
   - The addition of *specific reasonable targets* to enable the management of the quality change agenda;
   - the inclusion of data on safeguarding *outcomes*
   - specific sections on workforce training and development to ensure consistency and quality for staff in the sector
   - An additional user friendly version with larger tables and fonts.
5. That the economic and social value of the care market and its work force to the borough, should be modelled and appreciated;
6. That the exiting of care homes from the market is planned and

transitions to alternative provision secured;

7. That the Walsall Partnership Quality Board should engage with care home providers on their views on how care quality could be developed.

1.1.21 **Strategy**

The Working Group recommends to Scrutiny Panel:

8. Current Government policy in the wake of Dilnot should be summarised for Members to show the impact on the burden of costs that will remain with the individual coming into care;
9. Panel Members to consider training in the changes within the NHS and Adult Social care to ensure they understand what is happening within care homes. This could include care home visits as part of a basic induction programme;
10. Proactive preventative and integrated work is central to improving the care home experience and community alternatives. The Panel work plan should include reports regarding progress in this area;
11. Panel to be provided with a report on the development of the Primary Care Community Services Strategy and the lessons from the multiagency and medical protocol work with nursing homes ('clinical wrap around' service, work with General Practice and work to support individuals towards the end of their lives); and
12. Given that some care homes will exit the market the *market position statement* should be considered by scrutiny panel.

1.1.22 **Care Quality**

The Working Group recommends to Scrutiny Panel:

13. That information and support is required to empower the care consumers in deciding the best placement for themselves, how to sell property, alternative re-ablement options, etc;
14. Further Council support should be given to promote the *dignity in care* network in Walsall particularly as people approach the end of their lives;
15. Figures on spending on care homes should be included in a Scrutiny dashboard and circulated to Members.
16. Thought should be given to *adapting* a 'corporate parenting' approach from Children's Services to work with vulnerable and older people that focuses on combating the isolation of those who receive support in their own homes;
17. Further work with care providers to promote consultation and empowerment of residents and a culture that sees "being involved" in decision making as a vital component of a person's quality of life.
18. A report to panel on barriers to overcome regarding the further roll out of some assistive technology such as GPS tracker and IT equipment for staff Working in the community.
19. That the incentive scheme seemed to be engaging with residents and care providers to ensure measurable outcomes. The scheme should be enhanced and other examples of investments reported to panel.
20. Panel to discuss the possibility of new technology such as tablets for

work with residents and members of the community to combat dementia and apps could be developed to assist social workers in the field.

21. The need for an education theme for changing attitudes culture and expectations

1.1.23 The Working Group recommends to Panel

22. The extensive arrangements for appointeeship and deputyships be summarised and made known in the community and amongst panel members.
23. That Panel should receive information (key targets and measures) that gives a clear sense of care quality, improvements and follow up to the views of service users, care concerns and whistleblower alerts in the form of a dashboard that includes:
    - **Concerns monitoring** to monitor the range and scale of officially raised concerns;
    - **Suspensions and Restrictions** to monitor those providers that have had council admission suspended whilst they complete corrective action plans;
    - **Key Self Assessment Tool (SAT)**: to monitor a selection of the quarterly information submitted from the care homes (for example deaths by location/choice);
    - **QAIT outcomes:** to monitor the improvements that providers have made following their detailed voluntary audits of care quality;
    - **Staff training** take up including leadership training and staff turnover in a care home;
    - **Incentive scheme**: To monitor the outcomes of the incentive investment programme on the quality of life of residents with potential site visits;
24. **Hearing the voice of the residents** and their engagement in decision making is key to maintaining quality of life in a care home; and
25. That there should be further engagement with care providers in the shaping of the Data hub going forward.

1.2 The Changed Context

1.2.1 Towards the end of the Working Group's field work the decision to offer the whole of the Quality Assurance Team as a budget saving commencing 2014-2015 was noted. Much of the work of the Working Group was completed before this proposal emerged. It had become apparent during the field work that the Quality Assurance Team plays a central role in the coordination, leadership and delivery of the Care Quality Framework in Residential and Nursing Care Homes and is central to the Walsall Partnership Quality Board work programme.

1.2.2 The recommendations in this report were predicated on the continued existence of this Team. The implications to the work programme of the deletion of the team are a serious cause for concern. The Working Group has tested the Quality Assurance Framework as previously reported to scrutiny during 2012. The key distinction of the Framework in 2012-13

has been the emphasis on moving away from reacting to care lapses to proactively working to raise *overall quality* and thereby gradually reduce the incidence of poor care quality episodes.

1.2.3 The return to a predominately reactive, non-compliance process is an unsustainable approach. Currently there is considerable concern that through the budget consultation process there has been insufficient concentration on the realignment and or replacement of these key functions across the health and social care agencies. The Working Group recognises the importance of the Quality Assurance Team in driving forward overall quality in Walsall care homes. To this end the Working Group recommends to Scrutiny panel that:

Additional Working Group Recommendations to Scrutiny Panel:

1.2.4
- Cabinet is asked to reconsider its proposed actions;
- The Quality Assurance Team is maintained and the joint Quality Assurance Improvement Audits are repeated for all Walsall care homes;
- That the Self Assessment Tool continues including reports to Care homes on their relative performance;
- That the Incentive scheme be reviewed and continued;
- That the Care home visitors scheme is reviewed and developed;
- That Leadership training for care home managers be reviewed and continued;
- That a Dignity in Care network be established with Walsall's care providers; and
- The existing Care provider forums continue with a focus on co-production.

Quality Assurance Measures in Care Homes - Walsall

June 2013

Walsall Council

Table 1 Self Assessment Tool Summary

Care Home Performance RAG	48 Residential Homes									13 Nursing Homes								
	✓			!			✗			✓			!			✗		
	Apr-Sep	Oct-Mar	Trend	Apr-Sep	Oct-Mar	Trend	Apr-Sep	Oct-Mar	Trend	Apr-Sep	Oct-Mar	Trend	Apr-Sep	Oct-Mar	Trend	Apr-Sep	Oct-Mar	Trend
Care Home Acquired Pressure Sores/ Ulcers	29	34	▲	0	0	▶◀	13	14	▲	6	7	▲	0	0	▶◀	7	6	▼
Infection Control	25	29	▲	10	12	▲	7	7	▶◀	6	6	▶◀	0	3	▲	7	4	▼
Resident Place of Death	21	34	▲	0	0	▶◀	21	14	▼	6	8	▲	2	0	▼	5	5	▶◀
Manager Turnover	-	25		-	19		-	4		-	8		-	3		-	2	
Resident Falls	20	23	▲	4	5	▲	18	20	▲	7	8	▲	1	0	▼	5	5	▶◀
Unplanned Hospital Admissions	25	24	▼	5	0	▼	12	24	▲	8	9	▲	1	0	▼	4	4	▶◀
Resident Nutrition Management	16	21	▲	0	0	▶◀	26	27	▲	7	5	▼	0	5	▲	6	3	▼
Medicine Management	25	29	▲	5	4	▼	12	15	▲	4	4	▶◀	4	4	▶◀	5	5	▶◀
Occupancy Level	15	28	▲	13	0	▼	14	20	▲	7	8	▲	1	2	▲	5	3	▼
Safeguarding Adult Protection	29	27	▼	2	12	▲	11	9	▼	5	7	▲	1	4	▲	7	2	▼
User Experience	32	36	▲	1	0	▼	9	12	▲	9	9	▶◀	0	0	▶◀	4	4	▶◀
Overall RAG Rating	23	30	▲	10	14	▲	9	4	▼	3	9	▲	2	2	▶◀	8	2	▼

Source: SAT 55 returns for Apr-Sept 2012 by 28 Feb 2013; SAT 61 returns for Oct 2012 - Mar 2013 by May 2013, Quality Assurance Team

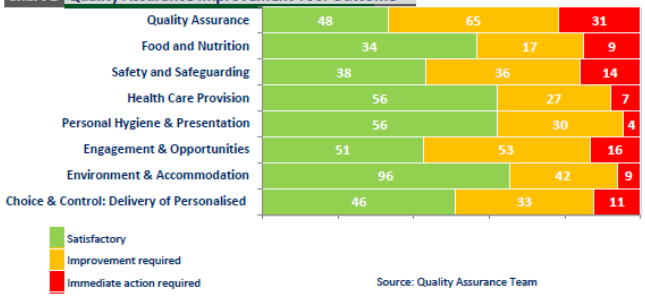
✓ Good Performing Over the Average Level
! Performing Lower 1-19% of Average Level
✗ Under Performing Lower than 20% of Average Level
▲ Increasing
▼ Decreasing
▶◀ No Change

Table 2 Care Homes Capacity as at March 2013

	Residential Homes			Nursing Homes			Grand Total		
	Apr-Sep12	Oct12-Mar13	Trend	Apr-Sep12	Oct12-Mar13	Trend	Apr-Sep12	Oct12-Mar13	Trend
Res. as at Last Day	658	711	▲	510	497	▼	1,168	1,208	▲
New Res.	121	145	▲	211	452	▲	332	597	▲
Res. Turnover	767	814	▲	759	707	▼	1526	1,521	▼
Registered Bed	772	928	▲	734	734	▶◀	1,506	1,662	▲
Bed Vacancies	114 (15%)	217 (23%)	▲	224 (31%)	237 (32%)	▲	338	454	▲
Self Funded	144	165	▲	89	91	▲	233	256	▲
Walsall Funded	325	283	▼	244	172	▼	569	455	▼
NHS Funded	20	15	▼	116	136	▲	136	151	▲
Not Stated & Others	169	248	▲	61	98	▲	230	346	▲
Walsall	371(56%)	386 (54%)	▲	235(46%)	419 (84%)	▲	606	805	▲
Birmingham	70	66	▼	37	34	▼	107	100	▼
Black Country	52	65	▲	25	20	▼	77	85	▲
Not Stated & Others	165(25%)	194 (27%)	▶◀	213(41%)	24 (4.8%)	▼	378	218	▼
Total Staff (Head)	782	918	▲	645	675	▲	1,427	1,593	▲

Source: SAT 55 returns for Apr-Sept 2012 by 28 Feb 2013; SAT 61 returns for Oct 2012 - Mar 2013 by May 2013, Quality Assurance Team

Chart 1 Quality Assurance Improvement Tool Outcome



Source: Quality Assurance Team

Chart 2 Quality Assurance Improvement Tool Activity

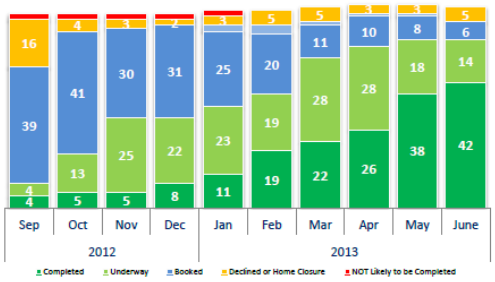
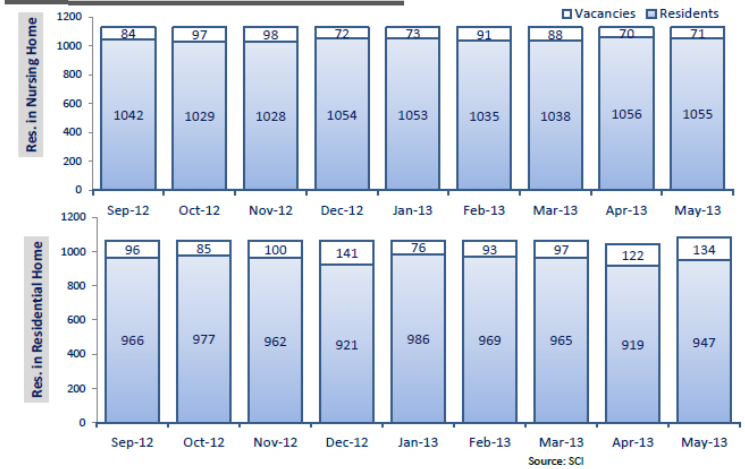
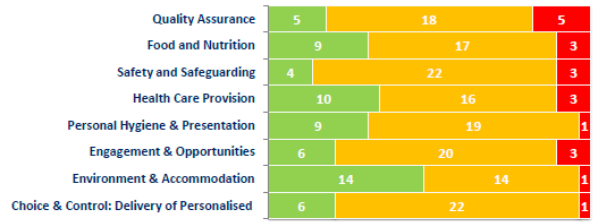


Chart 3 Residents and Bed Vacancies in Care Homes



Source: SCI

Chart 4 Care Homes QAIT Outcomes (29 QAIT Reports available)



Source: Quality Assurance Team

Table 3 Most Recent CQC Inspection

	Residential Homes			Nursing Homes		
	✓	✗	!	✓	✗	!
Respecting & Involving	44	3	1	12	1	0
Care & Welfare	44	3	1	10	3	0
Caring Safely and Protectively	41	6	1	10	3	0
Staffing	43	4	1	9	4	0
Quality and Suitability of Management	39	8	1	11	2	0
Overall RAG Rating	35	14	1	6	7	0

Source: 60 of 61 care homes had been inspected by 31 May 2013,CQC

✓ Compliant
✗ Improvement or action required
! Not recent inspected

Table 4 Incentive Scheme (as at 31 May 2013)

	Consulted	Interesting	Application	Approved	Conditional App.	Evaluation
Total	45	18	13	4	3	6

Source: Quality Assurance Team

Safeguarding Report is not available

Table 5 Incidents/Risk Management at Care Homes

	Residential Homes			Nursing Homes			Grand Total		
	Apr-Sep12	Oct12-Mar13	Trend	Apr-Sep12	Oct12-Mar13	Trend	Apr-Sep12	Oct12-Mar13	Trend
Complaints Received	22	32	▲	17	17	▶◀	39	49	▲
Incidents Reported*	18	9	▼	25	17	▼	43	11	▼
Non-Resident Incidents	12	64	▲	22	2	▼	34	66	▲
Safety Alerts*	1	3	▲	6	9	▲	2	4	▲
Safety Alerts Actioned	5	4	▼	21	16	▼	26	20	▼
Critical Incidents Report	3	18	▲	52	26	▼	55	44	▼

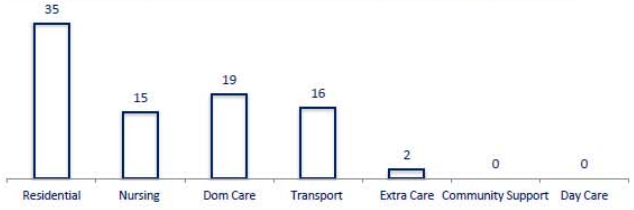
Source: SAT 55 returns for Apr-Sept 2012 by 28 Feb 2013; SAT 61 returns for Oct 2012 - Mar 2013 by Ma * no of Incidents/Alerts per home

Quality Assurance Measures in Care Homes - Walsall

June 2013

Walsall Council

Chart 5 Number of Concerns logged/received by type of service Jan-Mar 2013



Source: Contract Procurement Team

Table 6 Nature of Concerns logged/received by type of service Jan-Mar 2013

Type of service	Care Planning	Security Health & Safety	Needs & Risk Assessments	Protection from Abuse	Confidentiality	Equalities & Diversity	Complaints	Total
Nursing	9	4	6	10	0	1	2	32
Residentia	21	13	17	24	1	0	2	78
Domiciliar	11	8	2	3	0	0	9	33
Total	41	25	25	37	1	1	13	143

Source: Contract Procurement Team

Chart 6 Nature of Concerns relating to Safeguarding

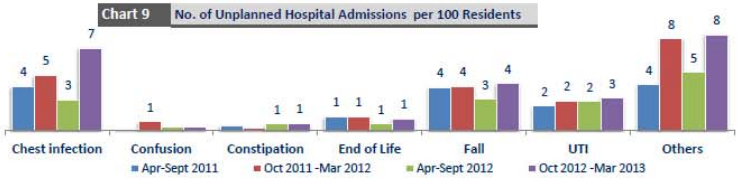
Source: Contract Procurement Team

Chart 7 Visitors Scheme (46 Responders in 13 Care Homes)

Source: 7 Visits to 3 Care Homes by 3 Critical Friends in Feb-May 13,The Vine Trust Walsall

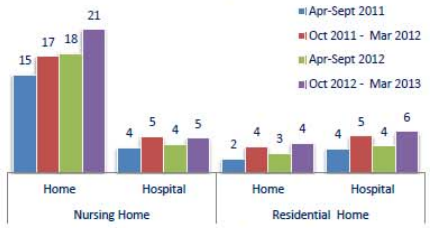
Chart 8 Falls in Care Homes per 100 Residents

Chart 9 No. of Unplanned Hospital Admissions per 100 Residents



Source: Quality Assurance Team

Chart 10 No. of Resident Deaths per 100 residents



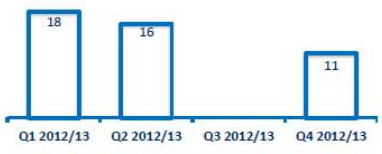
Source: Self Assessment Audit, Quality Assurance Team

Table 7 Adult Social Care Outcomes Framework Q3 2012-2013

Outcome	Description	Walsall	WM Average
1C1	% of people using services who receive self-directed support	39.12	38.1
1C2	% of people using social care who receive direct payments	21.44	14.2
1E	% of adults with learning disabilities in paid employment	14.58	6.95
1F	% of adults in contact with 2nd MH services in paid employment	9.85	12.7
1G	% of adults with LD who live in their own home or with their family	73.73	70.4
1H	% of adults in contact with 2nd MH services who live independently, with or without suppor	75.38	80.8
2A1	Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care hor	1.25	10.55
2A2	Permanent admissions of older people (aged 65 and over) to residential and nursing care hc	286.03	569.7
2B1	% of older people (65 and over) who were still at home 91 days after discharge from hospita	76.41	86.1
2C1	Delayed transfers of care from hospital per 100,000 population	6.97	10.42
2C2	Delayed transfers of care from hospital which are attributable to adult social care per 100,0	4.85	4.1

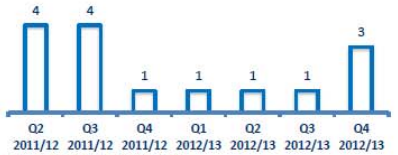
Source:ASCOF Performance Network

Chart 11 MRSA (Toxin) Apr 2012 - Mar 2013



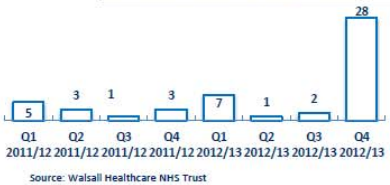
Source: Walsall Healthcare NHS Trust

Chart 12 C.Difficile (Toxin) Jul 2011 - Mar 2013



Source: Walsall Healthcare NHS Trust

Chart 13 Norovirus Incidents Apr 2010 - Mar 2013



Source: Walsall Healthcare NHS Trust

Table 8 Top 10 Chief Complaints for Incidents (Ambulance)

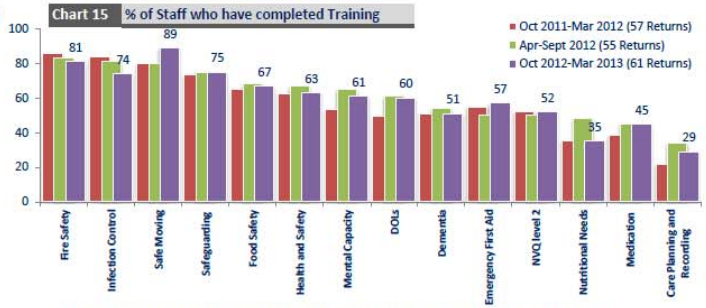
	2012			2013			
Compliant	December	January	February	March	April	May	Trend
Falls	49	63	43	46	41	53	↑
Breathing	26	31	21	38	36	19	↓
Generally Ill	20	30	22	31	26	27	↑
Sick	11	21	23	18	11	11	→●←
Chest Pain	18	13	14	11	15	13	↓
Bleeding (Non-Tra)	12	9	8	11	5	9	↑
Unconscious	12	13	13	18	7	5	↓
Stroke	10	18	6	5	7	7	→●←
Trauma	7	5	4	8	4	5	↑
Convulsions	4	10	4	6	7	4	↓

Source: West Midlands Ambulance Service

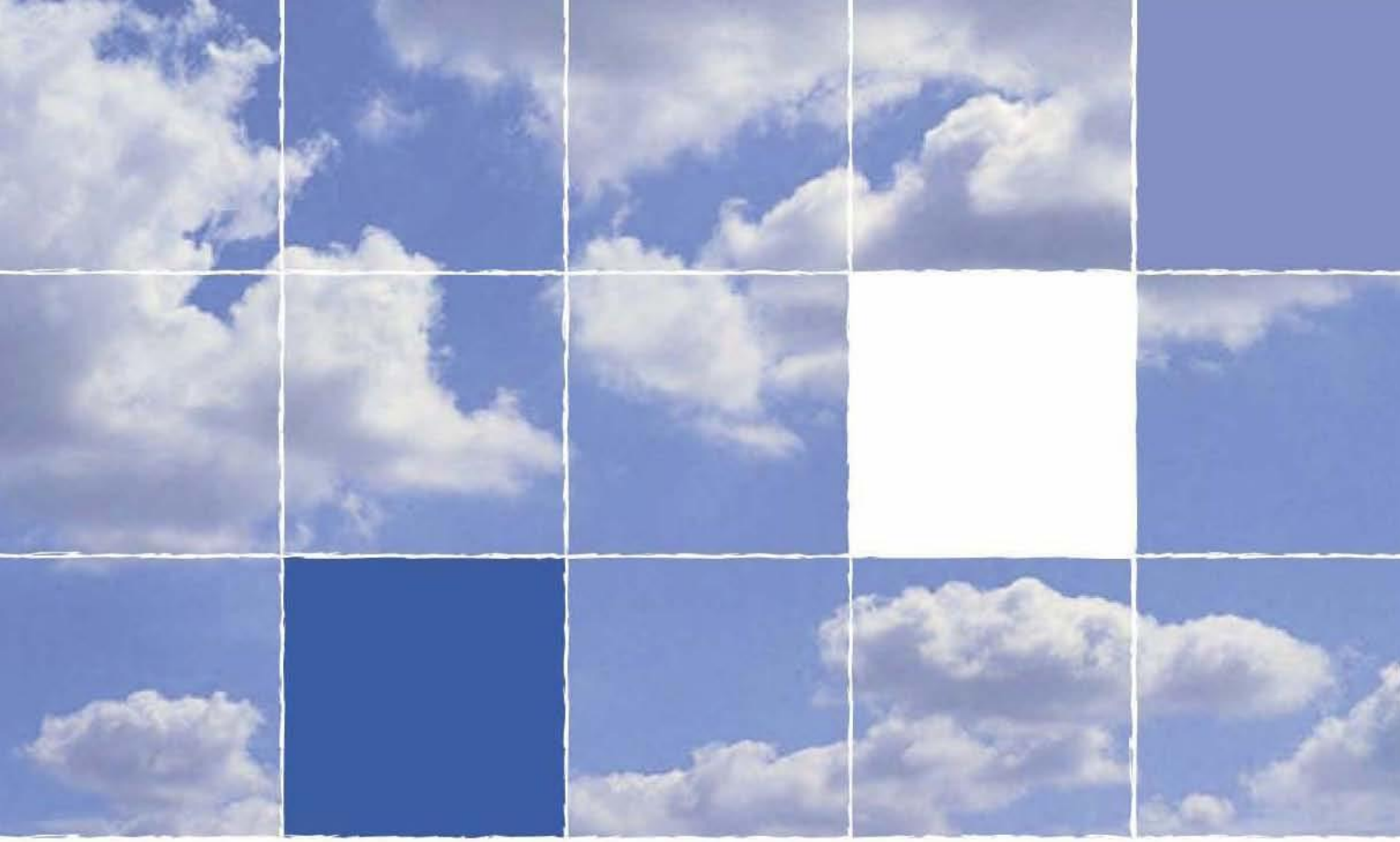
Chart 14 Top 5 Frequent Ambulance Callers (5+ calls per in month)

Source: West Midlands Ambulance Service

Chart 15 % of Staff who have completed Training



Source: SAT 55 returns by 28 Feb 2013; SAT 61 returns for Oct 2012 - Mar 2013 by May 2013, Quality Assurance Team



Assuring Care Quality in Walsall

Final Report of the Care Quality Working Group to be presented to the Health Scrutiny Panel on 17th December 2013

Core Findings

Walsall Council

2.1 Introduction

2.1.1 Walsall care homes residents have a right to expect the best possible quality of care and respect for personal dignity. On the 18 December, 2012, the Health Scrutiny and Performance Panel established a Care Quality Working Group to scrutinise and support the positive change agenda that had been the subject of two reports to panel namely:

- Nursing and Residential Care Quality Framework 24th January 2012; and
- Nursing and Residential Care Quality Assurance Progress Report 18th December 2012.

2.1.2 These reports outlined a coherent and strategic approach to raising the quality of care in Walsall's Nursing and Residential care homes. The Multiagency Walsall Partnership Quality Board had sought to lead this change agenda away from *reacting* to care lapses towards a more *proactive* engagement with the independent care sector to raise base line quality and focus attention on the outcomes, quality of life and dignity of care for residents and service users. These initiatives included actions to:

- Develop new channels for hearing the voice of service users;
- Measure the improvement in care for care service users;
- 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 initiatives;
- Encourage innovations in the care sector and improvements in the care experience; and
- Monitor, review and evaluate the effectiveness of quality systems.

2.2 Local authority and health good practice in 2012

2.2.1 The Care Quality Working Group has received reports on a whole range of interventions. They included activity to secure 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, 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 had raised 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 during 2012.
- Leadership training for Registered Nursing Home managers to embed improved management, nursing awareness, care and clinical protocols.
- An Admissions and Discharge Task Group continued to reduce inappropriate referrals and admissions to hospital and expedite

discharges to care homes where appropriate.

- Engagement with care providers via consultation events, workshops, forums and pilot activities to create a greater sense of direction and momentum.
- Engagement with national agendas such as *Think Local Act Personnel* national quality forum had enabled the sharing of good practice across the country.
- The *Care Homes Connect* initiative had brought together community based health and social care staff with care home managers to improve joint working.
- Greater coordination of council officers with care home support and monitoring roles to aide information exchange and reduce duplication and waste of resources.
- New bi-monthly meetings with regional CQC, health and social care managers to share information and coordinate action on care concerns.
- Training and workshops to promote re-ablement, personalisation and quality assurance themes within care homes and community based care sectors.
- Stroke awareness training provided by cardiac network.
- 48 training places to enable staff to utilise an interactive Dementia Care internet resource "*Care Fit for VIPS"* had been made available to care provider staff.
- During 2011 the Vine Trust, a member of the WPQB, had worked with existing volunteers from Church based organisations to arrange visits to care home residents in order to independently ascertain their views.

2.2.2 In addition the Working Group noted the major initiatives being rolled out at the time. These included:

- A Care Homes Incentive Scheme had been adapted from the Commissioning for Quality and Innovation (CQUIN) approach. After extensive consultation the scheme was launched in July 2012 with more than 38 care homes attending workshops on making applications and innovation options. At the time of the Working Group being established 9 applications were under consideration. Care homes wishing to join the scheme were required to engage their residents during the development of their proposal. Successful applications could attract a one off investment in care home training, facilities or local community activity. Care homes known to have quality concerns needed to ensure these were addressed before being eligible to apply.

2.2.3

- Work was well underway to ensure this Quality Framework was underpinned with factual data on the quality of care provided by homes. Comparisons of clinical care outcomes across Nursing Care Homes had shown a significant fall in Walsall's nursing home acquired pressures ulcers. A *Self Assessment tool* for residential and nursing care homes had 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 supported workforce development. The dataset had been jointly devised by Health and Council officers and embedded by the Medical Review Team. The database was originally managed by Council Procurement Team and subsequently transferred to the Quality Assurance Team. The data gathered had enabled Walsall to lead 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 across the majority of care homes in the region.

2.2.4 The data sets included for monitoring included:

- 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

The cross referencing of this data into a “dashboard” of key comparators was in development at the time the Working Group was established.

2.2.5 In line with the health economy approach to controlling infections within Walsall a service level agreement had been set up to provide an infection prevention and control service within all care homes in Walsall. The dedicated service was in place through 2012 and was enabling day to day support to homes with queries and issues surrounding infections prevention. At that time incidents of C. Difficile had significantly decreased. Infection prevention audits have been undertaken in all homes and there was demonstrable improvements in the standards within the homes with improved audit results and implementation of corrective action plans

2.2.6 The Quality Assurance team had 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.

2.2.7 The team was starting to transition to a more proactive joint audit approach. Using a jointly developed Quality Assurance Improvement Tool after pilot testing with 5 volunteer homes. The tool was being used to develop jointly agreed audits of quality assurance and care standards

in a home with the care manager. This data enabled the development of a baseline data set of quality across all care homes.

2.2.8 The Working Group has been led by Councillor Doug James with Councillor Eileen Russell and active support from Health Scrutiny and Performance Panel Chair Councillor Marco Longhi. The Working Group intention has been to support the improvements in care quality led by the Walsall Partnership Quality Board and consider the proposals for future planned activity as they stood during late 2012 namely:

- The extension of registered manager training for residential care managers
- Pilot of a 'clinical wrap around' service for four nursing homes
- 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*

2.2.9 The Panel anticipated that the Working Group would look at a range of activity including:

- critically evaluating improvement plans;
- assessing how improved outcomes are captured and confirmed;
- noting strengths, highlighting omissions and identifying areas for further development;
- identifying potential quality measures that can enable the wider scrutiny panel to evaluate progress, identify care concerns and pre-empt care failures.

2.2.10 The Working Group convened a series of scrutiny sessions to consider presentations and discussions on the following agreed Quality themes:

- Planning session 4th February 2013 at 1.30 pm to enable Councillor James and Councillor Russell to specify the Panels priorities;
- 1 Governance (March 18th 2013),
- 2 Strategy (April 25th 2013),
- 3 Quality Of Life (May 23rd 2013),
- Report steer (30th August 2013)
- Report steer (6th November 2013)
- 4 Transitions and Transparency (November 15th 2013).

2.2.11 Each theme involved a specific scrutiny purpose, method of information gathering and anticipated outcome with specific invitees identified in advance. In each area the Working Group scrutinised how quality standards are secured, what management processes are in place to address shortfalls and specific outcomes as described by service users themselves.

2.2.12 This report summarises the key findings of the Working Group as:

- A simplified list of factual observations; and
- A set of key Councillor authored recommendations.

2.3 **Acknowledgements**

2.3.1 The Working Group lead would like to acknowledge the work of the Service Manager Quality Assurance in drawing together the agenda, presenting evidence and facilitating the meetings; the participation of the Head of Community Care, the CCG Lead for Nursing Standards and the support of Committee Business & Governance Team, in particular Nikki Gough, in supporting the meetings.

2.3.2 Presentations by invited managers including the Head of Joint Commissioning, Service Manager Quality Assurance, Pelsall Hall Care Home Activities Co-ordinator, Service Manager Assessment and Care Management were also helpful in enabling the Working Group to assess the on the ground impact.

3 Findings and Recommendations

3.1 Governance

3.1.1 The session on Governance sought to establish who has lead responsibility for care quality in Walsall, the session received a presentation on initiatives and agencies charged with improving care quality and reviewed the existing joint arrangements, the basic scale of care and governance structures.

3.1.2 The Working Group reviewed a detailed dashboard of various proxies for quality in the care home and to a lesser extent support to live at home services. The datasets captured included infection control, medicine management, contract concern compliance, falls management, quality assurance audits, national comparators of satisfaction, a fledgling local visitor's scheme in the third sector, training and workforce development and mortality in relation to place of death.

3.1.3 The Working Group was impressed by:

- The emphasis on the proactive approach and the effort not to react to non-compliance but work with the care providers to avoid non-compliance and gradually raise standards;
- The emphasis on multi-agency initiatives and in particular the time limited health led initiatives such as:
    - GP engagement in residential and nursing homes
    - Pressure ulcers and infection management; and
    - Work to improve residents choices as they approach the end of their lives;
- The work with care providers via forums, Walsall Care Association, workshops and direct engagement with care homes; and the Quality Teams work on the incentive scheme;
- The bringing together of a range of different data sources to build up a rich body of information from various health, social care, care provider and other sectors. The dashboards comprehensiveness held out an opportunity to plot trends by individual care providers;
- The proactive audit work undertaken by different agencies: in particular the Infection control work and the Quality Teams joint Quality Assurance Improvement Tool Work with care home managers.

3.1.2 The Working Group noted:

- the improved working relationships that had been established with the CQC whose contact with Walsall officers had previously diminished;
- noted the work to train care home managers and the need to train the workforce to move from a "culture of manual labour" to a culture of inter-personal care;
- the joint bench mark comparisons of the care sector with the black Country and Birmingham;
- the intention to develop specific targets from the dashboard areas in order to clarify the direction of travel;

- the intention to move from monthly to quarterly monitoring;`

Reassurance should be given that individual residents have choices and decision making power as they approach the end of life;

RECOMMENDATIONS

3.1.3 The Working Group recommends to Scrutiny Panel that:

1. The proactive work of the Walsall Partnership Quality Board continues and the Health Scrutiny and Performance Panel should receive both a regular *qualitative* report on progress and a specific extract from the Walsall Partnership Quality Board dashboard and targets (see detail later section 3.5.4);
2. Whilst the complaints process appears comprehensive, procedures and processes for dealing with complaints should be more widely understood amongst the public;
3. That as much of the quality data as is reasonable should be placed in the public domain to enable potential residents and their relatives or advocates to make informed judgements on the quality of care in Walsall;
4. The current dashboard could be further enhanced by:
   - The addition of *specific reasonable targets* to enable the management of the quality change agenda;
   - the inclusion of data on safeguarding *outcomes*
   - specific sections on workforce training and development to ensure consistency and quality for staff in the sector
   - An additional user friendly version with larger tables and fonts.
5. That the economic and social value of the care market and its work force to the borough, should be modelled and appreciated;
6. That the exiting of care homes from the market is planned and transitions to alternative provision secured;
   - That the Walsall Partnership Quality Board should engage with care home providers on their views on how care quality could be developed.

3.2 Strategy

3.2.1 This session sought to understand the national *strategic dilemmas* and the attendant regional and local responses to advance local care quality. The session explored the national policy challenges (Dilnot, Francis, etc), demographic, quality and budget challenges, post the Southern Cross episode and potential market weaknesses.

3.2.2 In the discussions it was noted that a quality strategy needed to offer clear direction to care providers that are seeking to remain in the market, it was noted that care will be provided more in individuals own homes in the future. The former lucrative 1980's benefit system funded care arrangements were very profitable but many of the existing small providers are now operating with inappropriate and out of date business models. Entry into the market of new providers, and placements into Walsall from out of borough makes managing the market more challenging.

3.2.3 **Observations:**

The Working Group was impressed by:

- The joint work to manage the Southern Cross transfers of six of the boroughs care homes and the subsequent work across agencies to develop workshops, sustainability closure plans and policies and procedures for potential care homes closure management;
- The joint working between health and social care particularly co-ordinated by the WPQB; and
- The joined up thinking between community based and institution based care in the New operating model.

3.2.4 The Working Group noted

- The decision to develop a market position statement for approval by Cabinet;
- The tendering planned activity to introduce Care Frameworks for Support to Live at Home and Accommodation based services The management of expectations will be a key factor as officers will need to hear the views of the citizens about their expectations whilst simultaneously managing down inappropriate or unrealistic dependency;
- Placement activity into care homes was reduced from a peak of 380+ new admissions in 2008-09 to approximately 175. This reflects new ways of supporting people in their own homes although occupancy has been picked up by a rise in the number of self funders and council placements from outside the borough.
- Plans to work jointly with Birmingham, Black Country and Solihull to assess placement activity across borough borders;
- The pressure on individuals personal financial reserves and incomes would not be immediately addressed by The Dilnot Report;
- The new Operating model aim of promoting true independence and helping people to stay in their own homes, with reablement/intermediate care supporting people for time limited support to recover independence and capability;
- The culture within hospitals needed to be challenged to prevent recovering patients being unnecessarily recommended to care homes.
- A cultural change will be required for people to see that care need not be associated with a physical building but could be successfully provided by a community service.
- The proposal for more integrated work will need to consider:
    - Political and Scrutiny level agreement to a model of integration;
    - The implications of where two agencies priorities do not complement each other;
    - The need to establish staff buy in to joint ways of working;
    - Nature of integration being clear particularly as it is experienced by servicer users.

3.2.5 The Working Group recommends to Scrutiny Panel:

7. Current Government policy in the wake of Dilnot should be summarised for Members to show the impact on the burden of costs that will remain with the individual coming into care;
8. Panel Members to consider training in the changes within the NHS and Adult Social care to ensure they understand what is happening within care homes. This could include care home visits as part of a basic induction programme;
9. Proactive preventative and integrated work is central to improving the care home experience and community alternatives. The Panel work plan should include reports regarding progress in this area;
10. Panel to be provided with a report on the development of the Primary Care Community Services Strategy and the lessons from the multiagency and medical protocol work with nursing homes ('clinical wrap around' service, work with General Practices and work to support individuals towards the end of their lives); and
11. Given that some care homes will exit the market the *market position statement* should be considered by scrutiny panel.

3.3 Quality of Life

3.3.1 The Working Group convened its session in Pelsall Hall Care Home, to explore initiatives to promote and improve the care experienced by residents with an emphasis on *Dignity in care, the Incentive scheme,* and the *Visitors scheme.* The meeting sought to explore what was actually happening on the ground with an opportunity to inspect the Incentive scheme funded *woodland garden* and talk to staff and residents. The session also "re-examined" the WPQB Dashboard, a report on Workforce Training and explored community based social work so that members could further understand this element of the new Operating Model.

3.3.2 The Working Group was impressed with:

- The emphasis of strong leadership in a care homes which was central to a culture of high quality care;
- The developing work on Workforce Training and noted the recent report to the WPQB on co-ordination and accessing of training and remaining obstacles and how this often had a positive impact on the attitudes of staff and welcomed the training for care home managers;
- The Incentive scheme which the Council operated to encourage care homes to develop their services and apply for council financial support to make improvements; and
- The work of Fiona McCracken, Activities Co-ordinator at Pelsall Hall, and the development of the community woodland garden with the local community and residents.

3.3.3 The Working Group noted

- E-Learning was being utilised as a tool for care home staff to minimise time required for training away from the work place.
- The reports of poor attendance and barriers to overcome regarding

care home staff attendance on training courses and addressing IT literacy.

- Capacity building within the local community would be vital to the long term success of increased community based living for vulnerable residents.
- The work on Community based support to promote self sufficiency and redefine the skills people need to stay in their own homes (concussive taps, ramps and other adaptations, individual skills reablement, family support and respite, community based support network, etc)
- The need to overcome barriers regarding the further roll out of some assistive technology such as GPS tracker and mobile working for staff in the community.
- Council should lead in preventing social isolation amongst vulnerable residents.

3.3.4 **The Working Group recommends to Scrutiny Panel:**

12. That information and support is required to empower the care consumers in deciding the best placement for themselves, how to sell property, alternative re-ablement options, etc;
13. Further Council support should be given to promote the *dignity in care* network in Walsall particularly as people approach the end of their lives;
14. Figures on spending on care homes should be included in a Scrutiny dashboard and circulated to Members.
15. Thought should be given to *adapting* a 'corporate parenting' approach from Children's Services to work with vulnerable and older people that focuses on combating the isolation of those who receive support in their own homes;
16. Further work with care providers to promote consultation and empowerment of residents and a culture that sees "being involved" in decision making as a vital component of a person's quality of life.
17. A report to panel on barriers to overcome regarding the further roll out of some assistive technology such as GPS tracker and IT equipment for staff working in the community.
18. That the incentive scheme seemed to be engaging with residents and care providers to ensure measurable outcomes. The scheme should be enhanced and other examples of investments reported to panel.
19. Panel to discuss the possibility of new technology such as tablets for work with residents and members of the community to combat dementia and apps could be developed to assist social workers in the field.
20. The need for an education theme for changing attitudes culture and expectations.

3.4 **Transitions**

3.4.1 The theme of Transitions was separated out from Care quality for more detailed consideration. Due to officer and member availability this was delayed until the final field work meeting held on the 15/11/2013. The

session looked again at the operating model and the design to keep people out of residential care; the session went on to explain the methods for safeguarding individuals when they can no longer remain in the community. The session concluded with a consideration of the financial safeguards in place to protect individual's interests.

3.4.2 The Working Group was impressed with:

- The extensive work of social workers and other key professionals in generically safeguarding the interests of potential and actual residents coming in to the care system; and
- The specific Appointee and Deputyship roles.

3.4.3 The Working Group noted:

- The triggers for determining the best interest of individuals and empowering them to make their desire known and decide between options.
- An expectation of an early admission into a care home can be inappropriately instilled by a consultant, other professional, family member when alternatives are not understood.
- 70 percent of people coming into a care home do so due to a dismissing of their abilities and if services such as intermediate care can be effective this number might be reduced or delayed.
- Mental ill health, obesity, alcohol dependency and dementia can also underling complex cases for admission.
- It was noted that respite care services for carers could obscure the need to provide support for the cared for person to recover lost capacity.
- The point at which an individual is often most vulnerable – the post operative period after an acute treatment episode - is exactly the wrong point in time to determine whether and individual should return home or go into a care home hence the intermediate care role.
- Assessments undertaken in a crisis can tend to ossify the diminished abilities at that crisis point. It is important to allow for recovery and reablement before making long term decisions.
- Making a decision to go into care can often be taken by the service user in order to relieve the burden on loved ones as an act of self sacrifice.
- Residents funding their own care can make their own decision to go into care even when they might be eligible for support that would keep them in their own home and support longer. The proposed £75300 care cap is yet to be implemented.
- The Appointee and Deputyship roles were explained: with Appointeeships support individuals with benefits and savings of more than £5000 pounds; Deputyship applies when an individual has lost capacity to make own decisions. For a £600 pound charge a review will involve visits, overview/administering accounts, evaluation of property with an annual report to the Officer of the Public Guardian.

- Officers are acutely aware of the need to be open to the possibility of financial abuse and manipulation by family, friends and even care workers.

3.4.4 The Working Group recommends to Scrutiny Panel:

22. The extensive arrangements for appointeeship and deputyships be summarised and made known in the community and amongst panel members.

3.5 **Transparency**

3.5.1 The Working Group reviewed the need to promote transparency for Panel members in the quality work and its outcomes on the ground. The Working Group had started out with an intention to ensure that future reports to panel adequately address the key datasets the Panel needs to assess the state of care quality in the borough. The Working Group welcomed the presentations on the local and black country dashboards.

3.5.2 The Working Group was impressed with

- The Local and regional Dashboards and attendant tables charts and information; and
- The commitments to share information with care providers that were co-operating with the process.

3.5.3 The Working Group noted:

- The efforts to ensure the Quality Assurance Framework and strategy is underpinned by outcome evidence and hard data;
- Note section 3.1.3 section above.

3.5.4 The Working Group recommends to Panel

23. That Panel should receive information (key targets and measures) that gives a clear sense of care quality, improvements and follow up to the views of service users, care concerns and whistleblower alerts in the form of a dashboard that includes:
    - **Concerns monitoring** to monitor the range and scale of officially raised concerns;
    - **Suspensions and Restrictions** to monitor those providers that have had council admission suspended whilst they complete corrective action plans;
    - **Key Self Assessment Tool (SAT)**: to monitor a selection of the quarterly information submitted from the care homes (for example deaths by location/choice);
    - **QAIT outcomes:** to monitor the improvements that providers have made following their detailed voluntary audits of care quality;
    - **Staff training** take up including leadership training and staff turnover in a care home;
    - **Incentive scheme**: To monitor the outcomes of the incentive investment programme on the quality of life of residents with

potential site visits;

24. ***Hearing the voice of the residents*** and their engagement in decision making is key to maintaining quality of life in a care home; and
25. That there should be further engagement with care providers in the shaping of the Data hub going forward.

CARE WORKING GROUP 2013 FIELD WORK SESSIONS			
	MEMBERS IN ATTENDANCE	**OFFICERS IN ATTENDANCE**	**APOLOGIES**
PREPARATION 1.30, 4 FEBRUARY CONFERENCE ROOM, COUNCIL HOUSE	Councillor D. James Councillor E. Russell	Brandon Scott-Omenka Nikki Gough	Peter Davis
GOVERNANCE 1.30, 18 March CONFERENCE ROOM, COUNCIL HOUSE	Councillor D. James Councillor E. Russell	Brandon Scott-Omenka Nikki Gough Peter Davis Sally Roberts	Sharon Wright
STRATEGY 9.30, 25 April CONFERENCE ROOM, COUNCIL HOUSE	Councillor D. James Councillor E. Russell	Brandon Scott-Omenka Nikki Gough Sally Roberts Andy Rust Tracey Simcox	Peter Davis
CARE QUALITY 2pm 23 MAY PELSALL HALL, PARADISE LANE, WALSALL	Councillor D. James Councillor E. Russell Councillor M. Longhi	Brandon Scott-Omenka Peter Davies Stacey Senior Craig Goodall	Councillor H. Sarohi Sally Roberts
TRANSITIONS AND TRANSPARENCY 15 November 2013, 3pm. Conference room, Council House.	Councillor D. James Councillor E. Russell	Brandon Scott-Omenka Peter Davies Shelia Wood Chris Evans Nikki Gough	Sally Roberts

RELEVANT REPORTS
HEALTH SCRUTINY AND PERFORMANCE PANEL REPORTS:

- **24 January 2012 Nursing and Residential Care Quality Framework** (http://www2.walsall.gov.uk/CMISWebPublic/Binary.ashx?Document=11194) 18th December 2012
- **Nursing and Residential Care Quality Assurance Progress Report** (http://www2.walsall.gov.uk/CMISWebPublic/Binary.ashx?Document=12335)
- Also Officer Presentation to the Governance Session on 18 March 2013 available upon request.