

Adult Social Care & Health Overview & Scrutiny Committee

Meeting Date 01 March 2017

Assuring and Improving the Quality of Services Provided by Independent Care Homes, Domiciliary Care and Other External Providers

Recommendations

Members note the content of the report which outlines the quality of care provision within the current market and describes the progress made by Warwickshire County Council in delivering a new quality assurance model for commissioned care services.

1.0 Purpose of the Report

- 1.1 This report provides members with an update on the 26th January 2016 report to this committee. It offers an overview of the quality of current care provision within Warwickshire and the progress in implementing the new quality assurance and improvement model for commissioned services.

2.0 The current commissioned care market within Warwickshire

- 2.1 As in most councils, Warwickshire commissions the majority of its adult social care provision from the private, independent and voluntary sector. The majority of this care is either provided by either residential/nursing homes or in the customer's own home.
- 2.2 Currently there are 136 residential/nursing homes where the Council will routinely place new customers needing care. 82 provide care to older people and 54 provide care to adults with high support needs. There are also a small number of homes who have existing Council funded residents but no longer receive new Council funded customers.

- 2.3 There are 85 providers who deliver care in customers' homes. They may provide domiciliary care (generally where the person requires less than 28 hours care per week), supported living, live in care or complex clinical care. Which type of service a customer receives depends on the nature of their assessed needs.
- 2.4 The Council jointly commissions several services with the three local Clinical Commissioning Groups (CCGs) - North Warwickshire CCG, South Warwickshire CCG and Coventry & Rugby CCG. Clinical Commissioning Groups are the commissioners for most services funded by the NHS - including acute, primary care and community based services.
- 2.5 The range of provider types is varied. Care home providers range from large national organisations with multiple homes across the country, to smaller providers who only own one home. Within the care at home market there are a wide range of voluntary and private providers, several franchise model providers and again a range from large national to small local providers. This range can impact on the type and level of monitoring and support those providers require to assure and improve the quality of care delivered.
- 2.6 The social care and health market is an extremely complex one, where the supply and demand of available services means that a balance must be struck between supporting and sanctioning providers in order to maintain a high quality, healthy and vibrant market.
- 2.7 In many cases providers will also be providing services to self-funding clients as well as Council customers. The Care Act places a short term responsibility on Councils for self-funders if their care provider fails.
- 2.8 Across the market, nationally as well as in Warwickshire, there are significant challenges which, if not robustly managed by the provider, can impact on their ability to provide good quality care. For example, the recruitment of nurses, managers and care workers is challenging across the sector. This can impact on the ability to provide sufficient numbers of staff to meet demand, leading to high staff stress levels, high turnover and a lack of consistency of care staff. Many providers have innovative internal approaches to meeting these challenges, ensuring they do not impact on the quality of care - but providers cannot, alone, resolve the wider issue.

3.0 The quality of providers in Warwickshire

3.1 Different local authorities have varying approaches to both commissioning and measuring the quality of providers; therefore it is hard to produce comparable data on the quality of commissioned provision. However, the sector regulator, Care Quality Commission (CQC), operates across all of England so does offer one measure of comparable quality. Warwickshire County Council works very closely with CQC, sharing intelligence and strategies for improving services.

3.2 All providers registered before 30th September 2014 have now been rated by CQC on their four step grading. These grades are 'Inadequate', 'Requires Improvement', 'Good' and 'Outstanding'. It should be noted that where a provider operates from several locations each location will hold its own CQC rating. Providers do not receive an overall rating.

3.3 Summary of Published Residential Social Care Ratings – 1st January 2017:

Grading	Residential and Nursing Homes currently receiving new Council customers*	All Warwickshire Residential and Nursing Homes	West Midlands Residential and Nursing Homes
Outstanding	6%	5%	1%
Good	80%	79%	76%
Requires Improvement	13%	14%	21%
Inadequate	1%	2%	1%

*CQC data is not currently available on 7 contracted Care with Accommodation providers.

3.4 Summary of Published Community Based Adult Social Care Services – 1st January 2017:

Grading	Providers contracted to deliver care at home to Council customers*	All Warwickshire based Community Adults Social Care Services	West Midlands Community Adult Social Care Services
Outstanding	2%	2%	1%
Good	86%	86%	82%
Requires Improvement	13%	13%	16%
Inadequate	0%	0%	1%

*CQC data is not currently available on 29 contracted Care at Home providers.

3.5 The data across both Care with Accommodation and Care at Home shows that the quality of care provision across all of Warwickshire is generally higher than that delivered across the West Midlands as a whole. It also demonstrates that these good and outstanding quality providers are attracted to working with, and delivering for, Warwickshire County Council.

3.6 Warwickshire County Council, working with colleagues in the local Clinical Commissioning Groups, undertakes additional monitoring and support for those providers who deliver the poorest quality care¹. This is done through the Service Escalation Panel (SEP –see section 5). Considering the providers who are referred to SEP for additional monitoring can offer an insight to the number and type of significant quality concerns across commissioned services.

¹ It should be noted that SEP considers poor quality and practice at an organisational level, but does not supersede safeguarding procedures which always take precedence.

- 3.7 Across 2016, twenty four providers have featured on the SEP Agenda. Ten providers were on the SEP Agenda at the end of December 2016. In the most serious cases, placements with providers are temporarily suspended until sufficient quality improvements are made - this is known as a placement stop. Where possible the Council seek to mutually agree these placement stops with the provider, however if this is not possible a stop can be imposed. In 2016, one placement stop was imposed and seven voluntary stops were agreed.
- 3.8 The reasons providers are referred to SEP are varied, but the majority can be broadly categorised into concerns around safeguarding, infection prevention, medication management or an unwillingness/inability to respond to less significant concerns in an appropriate manner.
- 3.9 These issues are often underpinned by more systemic failings in leadership, culture or organisational structure. If these are not addressed this can result in improvements not being sustained, as the root causes have not sufficiently been resolved.

4.0 The quality assurance model in Warwickshire

- 4.1 During 2016 Strategic Commissioning Business Unit, People Group, initiated a refresh of its Quality Assurance function and produced the See, Hear and Act Strategy (Appendix 1) which describes how the Council will assure itself of the quality of Council commissioned services provided to residents.
- 4.2 In addition to describing the Strategic Commissioning Business Unit responsibilities around quality assurance, the See, Hear and Act Strategy emphasises that quality assurance is everybody's business. It establishes clear processes by which everyone can provide feedback on the quality of care provision.
- 4.3 The Strategic Commissioning Business Unit works closely with other teams within the council, such as Adult Safeguarding and Quality in Care teams, when identifying and responding to concerns about the quality of care an individual is receiving.

4.4 The See, Hear and Act Strategy has four key aspects by which quality of provision is measured:

4.4.1 **The customer experience** – does the customer have a positive experience of care. For example, are they supported to take part in a wide range of enjoyable activities?

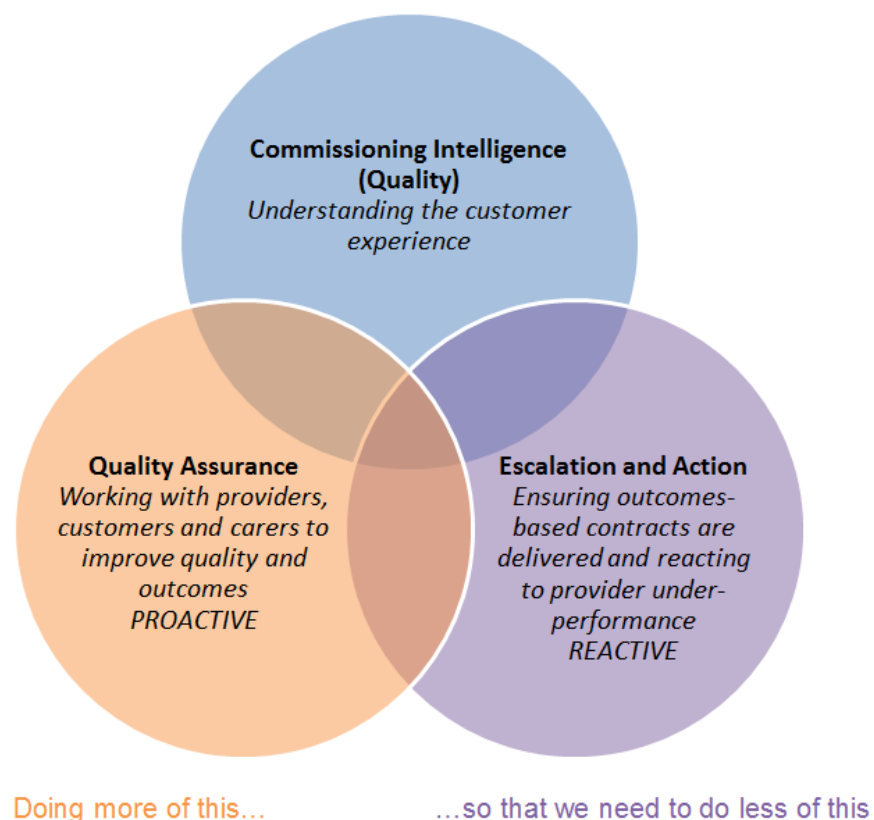
4.4.2 **The safety of the customer** - is the customer protected from avoidable harm. For example, do staff recruitment procedures protect customers from potentially abusive staff?

4.4.3 **The effectiveness of the provision** – does the service ensure customers meet their outcomes. For example, is the provider delivering a personalised service that helps each customer live the life they want to?

4.4.4 **The ability to deliver a viable service** - is the service planned and managed in a way that ensures it has a long term sustainable future?

4.5 The See, Hear and Act Strategy is led by customer experience, being more proactive than reactive and actively seeking feedback from a wider range of stakeholders on the quality of care provided to Warwickshire residents. It is summarised in Figure 1:

Figure 1 – The Council Model for Quality Assurance and Improvement:



4.6 The Council monitors and ensures the quality of provision through three key routes:

4.6.1 **Enhanced Intelligence:** Multiple data sources are collated which, together, provide robust data on the quality of the provision.

4.6.1.1. The data is focussed on being customer centred, and includes:

- The views of those in receipt of care and support.
- Published data such as CQC ratings.
- Data supplied by providers to Strategic Commissioning.
- Intelligence gathered from a wide range of individuals who may observe the quality of care and support delivered.
- Information on the financial viability of the provider.

Together all this information builds a comprehensive picture of the quality of care provided; informing the planning and undertaking of quality assurance visits to the provider.

4.6.1.2. This data is presented through a dashboard which allows the Strategic Commissioning Business Unit to readily understand the risk of poor quality provision and plan appropriate action. Strategic Commissioning work closely with the Business and Commissioning Intelligence Team in the development and operation of these dashboards.

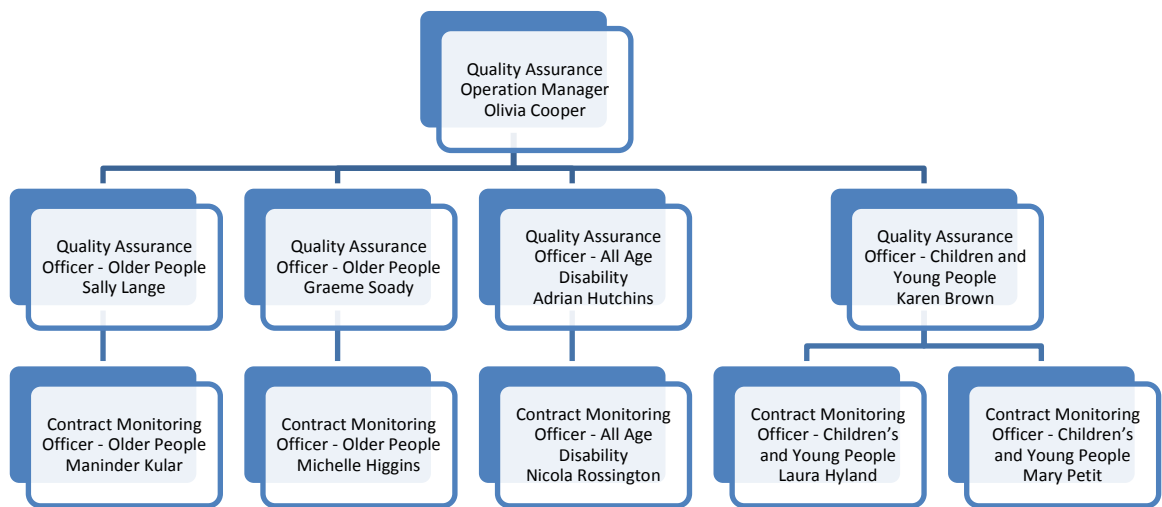
4.6.1.3. To enable family, friends and professionals to easily provide feedback on the quality of care provided a See and Hear checklist has been developed, see Appendix 2. These have been piloted with Warwickshire Fire and Rescue Service and will be widely promoted across Warwickshire over the coming year.

4.6.2 **Proactive Quality Assurance and Improvement:** There will be a clear focus on supporting providers and intervening early, helping them deliver high quality care that achieves the outcomes specified within their contract. The aim is to identify quality concerns much sooner, helping providers to deal with them quickly and effectively, before they pose a significant risk to those receiving care.

4.6.3 **Escalation and Action:** Where required, the Council will react to underperformance and significant quality concerns through a defined, multi-agency approach that takes clear action to ensure improvements are made.

4.7 To ensure the delivery of this model, the Strategic Commissioning Business Unit has developed the Quality Assurance and Improvement Team. Recruitment to this team is now complete and the team structure is described in Figure 2. Team members have relevant health and social care qualifications and experience, ensuring they have the skills and knowledge to effectively implement the new model.

Figure 2 – The Quality Assurance and Improvement Team Structure:



4.8 Providers receive regular proactive visits from team members to ensure they are providing services at the required quality, as defined in the relevant service specification. By identifying these issues early and taking clear action to address them, the Council will ensure that customers are less likely to receive poor quality care and support.

4.9 The visits will be planned and prioritised in response to the quality intelligence on providers that is being constantly gathered and analysed via the Quality Dashboard.

- 4.10 The customer experience will drive the structure of the visit. For example, if we have had feedback that the food in a residential home is poor quality and tasteless, time on the visit will be spent talking to customers about their experiences of the food. The visiting Officer will spend time observing a mealtime and they will speak to care and catering staff about their views. They would speak to the Manager to establish if any complaints have been made about the food, and how they were responded to. Additionally, care plans would be examined to ensure that appropriate tools were being used to monitor the weight of residents, identifying those who are losing weight unacceptably and what action was taken if this happened. Through this the Officer could identify the quality of the food experienced by the customer, if the customers are being kept safe from unacceptable weight loss and if outcomes around enjoying a nutritious diet were being met.
- 4.11 Where providers are failing to meet the quality set out within the service specification, but this does not pose a significant risk to health or wellbeing, they are supported by the Quality Assurance and Improvement Team to resolve identified issues. A clear action plan is developed in partnership, which sets out what steps are required to bring quality up to an acceptable level and the required timescales for achieving this.
- 4.12 A resources bank has been developed to enable Quality Assurance Officers and Contract Monitoring Officers to signpost providers to high quality, evidence based, guidance; supporting Registered Managers to tackle areas of poor practice within their service.

5.0 Responding to significant quality concerns

- 5.1 Providers who pose a significant risk due to the quality of care they provide are monitored by the Service Escalation Panel (SEP). SEP is a multi-agency escalation group with membership from relevant teams within the Council (including the Quality in Care and Safeguarding Teams), the Clinical Commissioning Groups, Care Quality Commission and Arden Commissioning Support Unit (CSU). Arden CSU provides contract management support to South Warwickshire CCG.
- 5.2 The SEP meets monthly to give a greater degree of oversight and ensures a shared and strategic approach to these higher risk providers. It agrees and oversees any enforcement action, such as decommissioning, imposed placement stops, voluntarily agreed placement stops and issuing formal Notice of Concern letters.

5.3 The opportunity for the Council to remove customers from poor quality residential services is limited. There is a clear statutory requirement through the Care Act to ensure that the potential impact of closing a home, caused by the decommissioning of our provision with them, is carefully considered and assessed. It could impact on the human rights of residents to have a private and family life (as they would be required to move home) and the move itself could pose a serious risk to health and wellbeing. Additionally there may not be sufficient affordable capacity in the rest of the market to deliver alternative provision if a service is decommissioned. Therefore, the Council must be able to demonstrate that the risk of remaining in the home outweighs the risks of moving before decommissioning occurs.

6.0 Collaborative working with health

6.1 The Council continues to work closely with colleagues across the three Clinical Commissioning Groups (CCGs) on monitoring and improving the quality of provision in jointly commissioned services.

6.2 Information is proactively shared between the relevant CCGs and the Council, ensuring a comprehensive picture is established of the quality of care provided. Outcomes of visits and action plans are shared between commissioning bodies, allowing clear and cohesive messages to be presented to providers on what improvements are required. Where required, joint visits are also undertaken.

6.3 Specialist nurses from health, such as Infection Prevention or Tissue Viability, provide additional support where specific issues exist. Referrals are two way between the different teams and organisations, ensuring the most relevant expertise is always available to assess and improve the quality of provision.

6.4 The three CCG's and Arden CSU are members of the Service Escalation Panel ensuring that the response to the poorest quality providers is both consistent and comprehensive.

7.0 Future Developments

7.1 Significant steps have been taken in both the development and delivery of the See, Hear and Act Strategy, however further work is planned. This will ensure the continuous improvement of how Warwickshire County Council assures and improves the quality of the care provision it commissions.

- 7.2 A wider range of support options for providers are to be developed, focused on tackling the strategic issues which can underpin poor quality provision, such as ineffective leadership, poor organisational culture and limitations of wider organisational structures. For example, supporting the development of a mentoring programme between the Registered Managers of good quality homes and newly registered Managers could help share best practice, provide support and help develop the skills needed to manage good quality provision in the new managers.
- 7.3 More enforcement options are to be developed for providers who do not or cannot make sufficient quality improvements but decommissioning is not proportionate or poses too great a risk to customers.
- 7.4 The upcoming Market Position Statement will help ensure a more vibrant market allowing decommissioning to be a more viable option when required. The Market Position Statement clearly sets out the future requirements from the market, helping them respond to changing market needs.
- 7.5 A Peer Review Programme is being co-produced, allowing us to utilise the expertise of those with lived experience of care and support so we can better understand the quality of care delivered by providers from the customer's perspective.
- 7.6 Innovative approaches to collecting information on the experience of customers, such as a mobile phone app, are being developed. This app will make it easier for more people to tell the Council about the quality of the care they receive and if it is helping them live the life they want to lead.
- 7.7 A review of the Service Escalation Panel (SEP) process is underway to better clarify why and how providers should move onto the SEP agenda. It will also consider how providers are supported to implement sustained change and improve the quality of their provision.
- 7.8 Work is underway with health colleagues to ensure our joint approach to contract management and quality assurance is further developed and fully codified.
- 7.9 A more systematic approach will be developed on utilising the intelligence gathered through quality assurance and improvement in both future commissioning and market management.
- 7.10 A set of performance standards will be developed for the Quality Assurance and Improvement Team to ensure that interventions are resulting in better quality of care provision for the residents of Warwickshire.

8.0 Conclusions

- 8.1 Warwickshire County Council takes the quality of the services it commissions seriously. Much good quality care provision exists across Warwickshire, but this is not universal. Therefore Warwickshire County Council will need to continue to monitor, assure and improve the quality of provision it commissions. This is both a statutory and contractual duty, which the Council fulfils through a clear focus on the experience of the customers it commissions services for.
- 8.2 Over the past twelve months, the Council has made significant progress in developing and implementing a new proactive model for quality assurance, as set out in the See, Hear and Act Strategy.
- 8.3 Further enhancements need to be made to this model to ensure it can fully meet the challenges posed by the providers with the most significant and sustained failures of quality.
- 8.4 Throughout 2017 the Strategic Commissioning Business Unit will continue to roll out the See, Hear and Act Strategy for all commissioned services. It will continue to work with health colleagues on shared approaches to contract monitoring, quality assurance and improvement.
- 8.5 The Strategic Commissioning Business Unit has a robust approach to assuring and improving the quality of commissioned services. This is reflected in the profile of CQC registered providers across Warwickshire. By this measure, the overall quality of Warwickshire care provision is significantly better than that available across the West Midlands. Additionally the profile of Council commissioned services not only matches the general Warwickshire profile, but in some cases exceeds it.

Appendices:

Appendix 1 - See, Hear and Act Strategy

Appendix 2 - See and Hear Checklist

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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: None