review of older people and residential care in Warwickshire

Report of the **adult & community services** overview and scrutiny committee

November 2006

Warwickshire County Council

Working for Warwickshire

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Older People and Residential Care

Executive Summary and Recommendations

Introduction

1. The Office of Fair Trading Report into the Care Homes Market (May 2005) found that people needed easier access to information when choosing a care home and more support once in a home. Care homes also needed to ensure that fee-related terms in their contracts are fair and transparent. In 2006 a series of national studies carried out by the Commission for Social Care Inspection (CSCI) indicated generally poor levels of compliance by care homes for older people with significant aspects of the national minimum standards i.e.

    - February 2006 Handle with Care (Medication Standard);
    - March 2006 Improving Meals for older people in care homes (Meals and Mealtime Standard);
    - June 2006 Safe and Sound –checking the suitability of new care staff in regulated social care services (Recruitment Standard)

2. These national reports prompted an investigation by the Adult and Community Services Overview and Scrutiny Committee into current levels of compliance in Warwickshire. At the same time the Committee was made aware that there were consultations underway relating to changes to the inspection regime and the funding of continuing healthcare. The Committee therefore took the opportunity to consider the future role for residential care.

3. The policy direction for adult social care services is to move towards supporting more older people to remain in their own homes, reducing admissions to residential care and a growth in intensive home care and other support services. It is clear that residential care will remain an important part of any strategy to meet the needs of older people for the foreseeable future. However the scale and scope of the accommodation required depends on the outcomes of the needs analysis currently being undertaken and our success in developing cost effective services that enable people to stay in their own home.

4. It is also clear that the Council will not be able to meet the demand by itself and that effective partnership working with health, district councils, private and voluntary sectors etc will be essential if we are to meet the social care needs of residents in Warwickshire in the future.

The Care Market in Warwickshire

5. There are approximately 36 Nursing Homes (providing 1615 places) and 150 Care Homes (providing 2551 places) in Warwickshire. The Council owns 10 Care Homes providing 349 places for older people. The remaining homes are provided by voluntary and private sector organisations.

6. Council supported accommodation (places provided or paid for by the Council) accounts for 32% of the overall residential care market in Warwickshire. The Council buys most of its places from the private and voluntary sector either through block contracts (a number of beds bought in advance at a particular home –28% of places purchased) or one-off arrangements (spot purchasing –53% of places purchased)

with individual homes. Service user choice of home is the major factor in making placements for older people.

7. The Council block contracts with 20 private and voluntary sector homes. These arrangements enable the Council to exercise influence over the quality of service provided through the contracting arrangements whilst at the same time achieving some economies of scale. It is more difficult for the Council to influence overall standards in homes where it is spot purchasing as the Council may only be supporting one individual in that particular home.

8. The Warwickshire Care Homes Association represents 85% of the private and voluntary sector homes (both nursing and care homes) in Warwickshire. Whilst the Association seeks to promote good practice in care and nursing homes, it has no power over the way in which individual homes conduct their business. There appears to be a good working relationship between the Council and the Association with collaboration on a number of projects, including the establishment of the Warwickshire Quality Partnership to support all care providers to access training support grants and organise training with a view to improving quality of service.

Regulatory Framework

9. The Commission for Social Care Inspection (CSCI) is responsible for the registration and inspection of care and nursing homes. It is also responsible for taking any enforcement action. Each home (including those owned by the Council) receives at least one or two unannounced inspections every year and the results are published on the CSCI website www.csci.org.uk

10. All homes are legally required to conduct their business in accordance with the Care Homes Regulations 2001. In addition there are 38 national minimum standards (NMS) published by the Department of Health. These standards are not legally enforceable but they do identify what a care provider needs to do in order to meet their legal obligations. Within these there are 22 Key standards i.e. those standards that CSCI consider should be assessed every 12 months.

11. Compliance with individual standards is currently assessed on a scale of 1 to 4. 4 = Standard exceeded; 3 = Standard Met; 2 = Standard Almost Met (Minor Shortfalls); and 1 = Standard Not Met (Major Shortfalls).

Main Findings

General

- The average general level of compliance with the national minimum standards by both nursing and care homes in Warwickshire is below the national average.

- Only Council owned care homes and voluntary sector owned nursing homes achieve rates of general compliance above the national average. Private sector owned homes have the most difficulty in meeting the national minimum standards.

Specific Standards –Care Homes for Older People

- Service user plans -in Warwickshire the average level of compliance is 30.4% against a national average of 57.4%. Council owned homes achieved an average of 50%, with the average for the private and voluntary sectors being 25% and 31.6% respectively. All sectors need to improve performance in this area.

- Meals and Mealtimes -although the levels of compliance in Warwickshire appear on the face of it to be fairly good the average of 79.4% is below the national average of 87.6%. Therefore on a comparative basis Warwickshire needs to do better. Only council owned homes exceed the national average with a compliance rate of 90% with the private and voluntary sectors achieving 76.9% and 78.9% respectively.

- Medication -in Warwickshire the average level of compliance is 29.4% against the national average of 60.6% with the highest level of compliance achieved by the privately owned sector of 35.9% and the voluntary and council owned homes at 26.3% and 10% respectively. Compliance levels by all sectors are a cause for concern.

- Premises -in Warwickshire the average level of compliance was 53.6% against the national average of 67.1%. The performance of the various sectors was subject to considerable variation with voluntary owned homes achieving an average of 78.9% compared to the private sector and council owned homes with an average of 47.5% and 30% respectively.

- Recruitment- the average level of compliance in Warwickshire was 56.1% against a national average of 65%. There was considerable variation between the sectors with council owned homes scoring an average of 90% and the private and voluntary sectors achieving averages of 51.4% and 47.4% respectively.

Council supported accommodation – Care Homes for Older People

12. Council owned homes achieved general levels of compliance above the national average. Whilst this is a good level of performance some Council homes did have difficulty in meeting the specific standards for service user plans, medication and premises. An examination of the latest inspection reports show that there were only minor shortfalls in meeting these standards. There were no major shortfalls in any Council home. Feedback from the latest residents survey of council care homes showed an overall satisfaction rate of 87%.

13. Of the 20 homes the Council block contracts with an analysis of the latest inspection reports revealed that most standards were met or almost met on inspection. However major shortfalls were identified against particular standards at five homes. These are set out in the table below.

14. During the course of our enquiries there was an acknowledgement that contract management processes could be made more robust and there was scope for improving the exchange of information between CSCI and the Council about the quality of service in private and voluntary sector homes. New contract management protocols were under development.

Major Shortfalls

Standard		No of instances
9	Service users, where appropriate, are responsible for their own medication and are protected by the homes policies and procedures for dealing with medicines.	3
27	Service users needs are meet by the number and skill mix of staff	2
28	Service users are in safe hands at all time.	1
29	Service users are supported and protected by the homes recruitment policy and practices	2
31	Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully	2
36	Staff are appropriately supervised	1

Member Visits to Care Homes

15. Various visits were made by members to care homes, suggestions for improvement in practice arising from those visits included

    - Some staff felt there would be an advantage to intervening earlier with people showing signs of dementia.

    - It would be useful for homes to have a small pot of money to hire “local tradespeople” to carry out some jobs on the premises.

    - “Friends Groups” could be formed with volunteers who could visit people in the homes who were often lonely. This could be expanded to include people living in their own homes.

    - County Council Care homes could achieve better value for money by employing local suppliers such as butchers and gardeners and should be allowed to opt out of contracts with the Council on these occasions.

    - At one Council Care home the provision of a large vehicle for transporting groups on outings would be beneficial

Inspection Regime Changes

16. CSCI will be introducing a published quality rating that will assess whether the service is "excellent", "good", "adequate" or "poor" at meeting the needs of the people using it. CSCI will also say if it is taking legal action to make sure that changes are made to the service ("enforcement action").

17. The quality rating will be used to decide how often to inspect adult services, i.e once every 3 years for excellent services and more frequently for services needing to improve their performance.

18. Whilst we welcome the proposed new framework which has the potential to make it easier for the public and agencies to know whether a care home is providing good services or not. It is important that robust protocols are developed between CSCI and local authorities to ensure there is greater co-ordination and exchange of information

to facilitate the management and improvement of poor services. We supported a response to the consultation incorporating these comments at our meeting on 17 October 2006.

Continuing Health Care and NHS Funded Nursing Care

19. The Government has been consulting on new guidance covering the National Framework for NHS Continuing Health Care and NHS funded Nursing Care. The consultation ended on 22 September 2006. The government response is awaited.

20. '**Continuing healthcare'** means the NHS pays for the full package of care including accommodation if the individual is in a care home. **NHS-funded nursing care'** means the NHS is responsible for funding the registered nurse element of a care package in a care home. Adult social services are responsible for the rest of the package e.g. accommodation and personal care.

21. A national framework for NHS continuing healthcare was promised by Government in December 2004, in light of escalating complaints about unfair, and inconsistent decisions, due to the lack of clarity in the existing guidance and different interpretations. Particular problem areas highlighted in the consultation paper were

    - Omitting dementia from eligibility
    - Not allowing eligibility for people at home or cared for by relatives
    - Expecting local authorities to provide care of a nature which was inappropriate
    - Confusion between the criteria for NHS continuing healthcare and NHS high band nursing care, which shared similar wording
    - Primary Care Trusts (PCTs) failing to assess for continuing healthcare at the start of the assessment process

22. The issue for individuals and relatives is largely financial as NHS care is free at the point of delivery whilst provision of adult social care is means tested.

THE PROPOSALS

23. **Eligibility** – If an individual's primary need is a health need he/she should qualify for NHS continuing healthcare. Whether health is the primary need will be determined by reference to 4 key indicators – nature, complexity, intensity and unpredictability of need.

24. **Assessment** – Screening for NHS continuing healthcare is the start of the assessment process. A national screening tool is being developed for use by a multi-disciplinary team - a draft is included in the consultation paper based on 11 care 'domains' (e.g. behaviour, cognitive impairment, skin, breathing etc) and 4 levels of need i.e. priority, severe, high, moderate. The combination of levels of need in domains is analysed to determine eligibility.

25. **Provision** – Eligible individuals will have their care fully funded by the NHS. People who are <u>not eligible</u> may still be eligible for NHS funded nursing care e.g. the care component provided by a registered nurse. The current system of funding nursing care based on low, medium and high bands of need with different payment levels will be replaced by a single band based on average weekly cost (estimated to be £97 per week). PCTs currently provide 'high banders' with £133 per week so some individuals will be disadvantaged and therefore PCTs may need to absorb additional short-term costs.

26. **Reviews** –all individuals who go through the assessment process for continuing healthcare (whether or not found to be eligible) should be reviewed at three months and thereafter annually.

27. **Cost** – The Department of Health estimates that the additional cost to the NHS in the first year of implementation will be £110M. Changes in place as a result of legal challenges amount to around £70M leaving a net increase of £40-45M. Implementation will involve a shift in responsibility for payment from local authority budgets to the NHS.

The Issues

28. There remains the potential for local interpretation particularly in relation to finance. Although the framework is supposed to be a professional decision based on need. PCTs will undoubtedly be under pressure to minimise additional expenditure. The framework is complex and consistency in implementation might well be an issue.

What will happen to people who are ineligible for continuing healthcare but with significant levels of need for nursing care way beyond the £97 average?

RECOMMENDATIONS

1. That the Strategic Director of Adult, Health & Community Services should explore through discussions with CSCI and other Councils in high performing areas whether there are any particular initiatives or practices that have had a measurable impact on improving standards in care homes which could be applied in Warwickshire.

2. That discussions should take place with the Warwickshire Primary Care Trust to clarify the level of support the health service can provide for nursing and care homes in Warwickshire, particularly in relation to pharmaceutical advice, with a view to improving compliance with the medication standards.

3. That the Council and the Warwickshire PCT as commissioners of services should seek to align their expectations of the quality of service expected from nursing homes with a view to improving standards through their contract management processes.

4. That the Council in consultation with the Warwickshire PCT should review its medication practice and guidance for both residential and domiciliary care settings.

5. That the Adult and Community Services Overview and Scrutiny Committee receive a report in 6 months time on

    - actions taken to improve compliance with the medication standard
    - any other improvement and/or training activity which has taken place
    - the effectiveness of the new contract management protocols which are under development
    - any information which is available at that time on current compliance levels.

6. That the Adult and Community Services Overview and Scrutiny Committee receive a report in 12 months time on compliance with standards by Care Homes in Warwickshire.

7. That the Council and CSCI establish arrangements to facilitate the regular exchange of information about standards in care and nursing homes in Warwickshire with a view to addressing areas of poor performance.

8. That the Warwickshire Association of Care Homes be asked to share information with its membership about levels of compliance in Warwickshire compared with the national average and to seek advice from its members on how best to raise standards and report its findings to the Committee in 6 months time.

9. That the Council and the Warwickshire Association of Care Homes together with the Warwickshire Quality Partnership should consider whether there is any scope for career progression schemes to improve recruitment and retention of staff.

10. That the Strategic Director of Adult, Health & Community Services should explore whether the following suggested improvements can be implemented

    - Some staff felt there would be an advantage to intervening earlier with people showing signs of dementia.

    - It would be useful for homes to have a small pot of money to hire "local trades people" to carry out some jobs on the premises.

    - "Friends Groups" could be formed with volunteers who could visit people in the homes who were often lonely. This could be expanded to include people living in their own homes.

    - County Council Care homes could achieve better value for money by employing local suppliers such as butchers and gardeners and should be allowed to opt out of contracts with the Council on these occasions.

    - At one Council Care home the provision of a large vehicle for transporting groups on outings would be beneficial

11. That the Council and the Warwickshire PCT should consider in consultation with the Warwickshire Quality Partnership how up to date information about nutrition for older people can be made more readily accessible to providers of homes.

12. That a joint approach to decision making and decision making tools on Continuing Health Care (CHC)- Registered Nursing Care Contributions (RNCC) should be sought with the Warwickshire PCT.

13. That future arrangements for CHC-RNCC determinations should include effective arrangements for assurance on correct and consistent decisions and review.

14. That future arrangements for CHC-RNCC should ensure data generation to ensure transparency, monitoring and information for strategic and operational commissioning.

15. That CHC-RNCC should be included in the Directorate Strategic Risk Register.

16. That future arrangements for CHC-RNCC should embrace improved support and information for patients, users, carers and supporters; including assistance on advocacy and appeal mechanisms

Select Committee Report into Older People and Residential Care

1 Introduction

1. The Office of Fair Trading Report into the Care Homes Market (May 2005) found that people needed easier access to information when choosing a care home and more support once in a home. Care homes also needed to ensure that fee-related terms in their contracts are fair and transparent. In 2006 a series of national studies carried out by the Commission for Social Care Inspection (CSCI) indicated generally poor levels of compliance by care homes for older people with significant aspects of the national minimum standards i.e.

    - February 2006 Handle with Care (Medication Standard);
    - March 2006 Improving Meals for older people in care homes (Meals and Mealtime Standard);
    - June 2006 Safe and Sound –checking the suitability of new care staff in regulated social care services

2. These national reports prompted an investigation by the Adult and Community Services Overview and Scrutiny Committee into current levels of compliance in Warwickshire. At the same time the Committee was made aware that there were consultations underway relating to changes to the inspection regime and the funding of continuing healthcare. The Committee therefore took the opportunity during the course of the day to consider the future role for residential care in the overall continuum of care and the main policy and other drivers likely to impact on the direction for services in the future.

3. A Select Committee was held on 20th September 2006 to consider oral and written evidence relating to standards in care homes in Warwickshire and also to consider the future direction for residential care. The Committee would like to thank the following people for contributing to the debate. The Committee is also indebted to CSCI for providing comparative performance data and to care home managers for facilitating member visits.

Officers
Graeme Betts, Strategic Director Adult, Health & Community Services
John Bakker, Interim Head of Adult Services
Kim Harlock, Service Manager Commissioning
Jackie Price, Head of Local Commissioning
Jon Reading, Assistant Service Manager Planning
Peter Seal, Service Manager Older People
Rob Wilkes, Assistant Service Manager Contracting
Kate Woolley, Project Manager

Guest Speakers
Mike Leyland, Chair of Warwickshire Association of Care Homes and Warwickshire Quality Partnership
Elaine Ives, Warwickshire Quality Partnership
Suzette Farrely, Commission for Social Care Inspection (CSCI)
Helen Barber, Rugby Borough Council
Toni Ruck, North Warwickshire PCT
Sue Davies, Rugby PCT

2 Commission for Social Care Inspection

1. Care homes in England must register with the Commission for Social Care Inspection (CSCI) and are legally required to conduct their business in accordance with the Care Homes Regulations 2001. In additional to the Regulations there are 38 national minimum standards (NMS) published by the Department of Health. These standards are not legally enforceable but they do identify what a care provider needs to do in order to meet their legal obligations. Within these there are 22 Key standards i.e. those standards that CSCI consider should be assessed every 12 months. CSCI make unannounced inspections of most homes once or twice every twelve months and publish the outcome of their inspections on their website. CSCI are also responsible for taking enforcement action against homes where they consider there are breaches of the legislation.

2. Compliance with individual standards is currently assessed on a scale of 1 to 4. 4 = Standard exceeded; 3 = Standard Met; 2 = Standard Almost Met (Minor Shortfalls); and 1 = Standard Not Met (Major Shortfalls).

Inspection Regime Changes

3. From 1 July 2006 changes in the regulations will introduce a self-assessment scheme for care homes, domiciliary care agencies and adult placement schemes. The changes also allow CSCI to ask services to say how they will make any improvements they say are needed.

4. The self-assessments, called Annual Quality Assurance Assessments (AQAA) will probably be introduced in a phased way from autumn 2006. The AQAA will become a requirement for adult services after April 2007.

5. The new AQAA will have two parts. The first is an 'annual data and information' section. This will ask for basic information on who uses the service, who works for the service and how the service is run.The second part is the 'quality assurance assessment'.

6. CSCI will be asking for improvement plans after inspections. Providers will need to set out how they will make improvements to their services and how they will respond to inspection requirements.
7. Consultation is also currently taking place on proposals to replace existing national standards and criteria used by CSCI in performance assessment judgements. CSCI propose that the new measures will lead to a reduced demand for data on Adult Social care from councils and at the same time, help judgements to be made about the effectiveness of the services.
8. CSCI will be introducing a published quality rating that will assess whether the service is "excellent", "good", "adequate" or "poor" at meeting the needs of the people using it. CSCI will also say if it is taking legal action to make sure that changes are made to the service ("enforcement action").

9. The quality rating will be used to decide how often to inspect adult services, i.e once every 3 years for excellent services and more frequently for services needing to improve their performance.

10. The quality framework for replacing existing standards and criteria are based on seven social care outcomes from “Independence, Well-Being and Choice” that are now part of the White Paper “Our Health, Our Care, Our Say” and an additional

outcome relating to leadership, and the commissioning and use of resources This is a new way of managing and interpreting data to determine how effectively councils are going about their business of ensuring the new outcomes for people. Each outcome will receive a rating as well as the service receiving an overall rating.

Outcome Heading	Relationship to Regulated Social Care
Quality of life	Promotion of independence
Exercising choice and control	Service users and carers having choice and access to responsive services that meet their individual needs and preferences.
Making a positive contribution	People seen as full members of their community and able to contribute to their roles as citizens
Personal dignity and respect	Privacy and dignity valued and protected. People free from abuse and neglect
Freedom from discrimination and harassment	Fair access to services. Services with clear, open and transparent ways for people to express concerns. People able to say “no” without fear of reprisal
Improved health and emotional well-being	Health and well-being needs appropriately addressed. Improvement in health encouraged. End of life care is managed sensitively; taking into account needs and preferences
Economic well-being	Access to advice and support. People feeling in control of their resources so they can make choices. Service users able to contribute to their community by carrying out paid and/or unpaid employment
Leadership and Management	People experience services that are well led. Well-trained, competent, supported staff.

11. Whilst we welcome the proposed new framework which has the potential to make it easier for the public and agencies to know whether a care home is providing good services or not. It is important that robust protocols are developed between CSCI and local authorities to ensure there is greater co-ordination and exchange of information to facilitate the management and improvement of poor services. We supported a response to the consultation incorporating these comments at our meeting on 17 October 2006.

3 Warwickshire Association of Care Homes

1. The Association was formed in 1992 as the Warwickshire Association of Nursing Homes and in 1997 was joined by the then separate Residential Care Homes Association. It represents 85% of the independent sector in Warwickshire through paid membership and works with the Council and CSCI on a range of issues to promote the highest standards of residential care and to establish a fair price for care. Whilst the Association can promote good practice it has no formal rights to impose rules on its members over the way in which they conduct their business.

2. The Association has a good working relationship with the Council and works closely with the Council on a number of initiatives e.g.

   Warwickshire Quality Partnership
   Warwickshire Vulnerable Adults Committee
   Annual Care Homes Directory
   Creation of a website giving information on vacant beds and guidance on working through the care process (www.wpic.co.uk)

4 Warwickshire Quality Partnership (WQP)

1. The Warwickshire Quality Partnership was set up 3 years ago as a partnership initiative between the statutory and independent sectors, to support care providers in all settings to access training support grants and organise training. WQP has a board of independent and statutory sector representatives.

2. Warwickshire Quality Partnership aims to raise standards and enhance the quality of health and social care provision through training and development. It provides support, funding and training to the independent social care sector and is based in the Directorate's Workforce Development Service. The Partnership has been responsible for using part of the National Training Strategy Grant to fund places on underpinning knowledge courses for independent sector social care staff. This training is offered jointly with the Local Authority. It also accesses Skills for Care funding towards NVQ unit completion.

3. "Has the support, funding and training provided by WQP improved the quality of life of the person who uses the services?"

4. In 2005, WQP carried out some desk- top research with member organisations based on the above question. It also identified whether organisations were using quality assurance tools. This research indicated that further work was required changing the focus from the levels of training to the outcomes achieved as a result and that the development of a social care quality assurance tool was probably needed.

5. In 2006, WQP placed bids to Skills for Care West Midlands, Coventry & Warwickshire Partnership for Care and Warwickshire County Council. These were successful and as a result, a research project was commissioned.

6. The research was based on eleven questions around learning and development and the impact on the quality of life of the person who uses the services. Organisations represented older people and those with learning disabilities.

7. Although the training and support provided by WQP was valued there was a need to embed a learning and development culture that recognised the true value of training, the impact it could have on quality of service and the recruitment and retention of staff.

Next Steps

8. The Warwickshire Quality Partnership has approved the submission of a bid to fund the development of a quality assurance tool, and if successful this would be a pathfinder.

9. Other areas of activity cover promoting the values of learning and development within an organisation; producing a directory of learning; supporting workshops sharing good practice and working with the Commission for Social Care Inspection to promote the positive value of inspections. These activities are aimed at ensuring that the links between acquiring qualifications and quality of service are improved.

5 Residential Care in Warwickshire

1. Statistics published by CSCI for Warwickshire (See Figures 1.1 to 1.5 Appendix 1) show that there are some 36 Nursing Homes (1615 places) and around 150 Care Homes (2551 places) for adults and older people of which 10 are Council care homes providing around 349 places. These 349 places represent 19% of the residential places purchased by the Council, with the balance being purchased from private and voluntary sector providers either through block contracts (28% of the places -involving 20 providers) or 'spot' purchasing (remaining 53%). Block contracts tend to be with providers within the county boundaries whereas spot purchasing may be in or out of county as the choice of home for older people largely depends on service user preference. Other considerations such as the specialist nature of the facilities may apply in relation to younger adults. The Directorate intends to do further analysis on the reasons for placing people out of county. As at 31 March 2005 18.1% of residential service users were placed outside Warwickshire.

2. Council supported accommodation accounts for 32% of the overall adult residential care market in Warwickshire compared with an average of 39.1% nationally and 34.2% for Shire Councils. The largest user group are older people (over 65 years) with older people with dementia forming the next largest category (See Figure 1.5). The Council has aimed to reduce admissions to residential care from 87 per 100,000 people 65+ in 2002/03 to 70 in 2005/06 with the complementary growth in intensive home care from 5.5 per 1,000 people 65+ in 2002/03 to 8.1 in 2005/06. This is in line with the Government policy to support more people in their own homes and promote independence.

3. During the 2-year period 1 April 2004 to 31 March 2006 six Nursing Homes had been de-registered (228 places) and six new establishments registered (247 places), a net gain of 19 places. During the same period thirty Care Homes had been deregistered (341 places) with ten new registrations (176 places), a net loss of 165 places.

6 What the Residents Say?

1. We received information about the latest residents survey of the council's own homes (carried out in autumn 2005) and the action which had been taken in response to the survey. The next survey is scheduled for autumn 2006. The average satisfaction rate from the 2005 survey was 87% - some of the main findings are set out below.

2. Staff Attitude

83% of respondents indicated that they were always treated with respect and courtesy. 77% of residents indicated that staff always responded to them as they would like. 89% stated that they always felt able to ask staff for help. 85% felt that staff encouraged them to do things for themselves. 96% of respondents said that staff helped them with personal care in a private way.

3. Standard of Accommodation

Almost all respondents felt that their home was kept clean. 93% of residents responded positively to questions relating to different aspects of comfort in their own rooms. 80% of respondents stated that they were always able to make use of the

garden if they wanted to. 98% of residents stated that they were able to get to the toilet with help if necessary. 95% said that they were happy with the bathing and showering facilities available to them.

4. **Food and Dining**
   56% of residents who answered stated that they could always include their favourite foods on the menu if they weren't already there. 78% of respondents stated that they could always choose something different from the menu if the choice was not to their liking. 81% stated that they could always choose where they ate their meals. 67% stated that they could always change the time they ate their meals if they wanted or needed to. 99% said that they could eat their meals without feeling hurried. 88% of residents stated that extra snacks would always be made available to them. In respect of preparing special food to celebrate occasions that were important to them, 78% of those responding stated that this was always the case

5. **Social and Cultural Activities**
   87% said that they were always informed about activities that were going on in the home. 98% stated that they could choose whether or not to join these activities. 91% said that they were always helped to mix with other residents if they wanted to. 93% of respondents stated that they were always able to follow their own religious and cultural beliefs in or outside the home. 89% of respondents felt that if they wished to take part in outside activities, they are always helped. 32% of respondents stated that there were never times during the day when there was nothing interesting to do. 98% of respondents stated that visitors could always come to the home at a reasonable time.

6. **Worries about your safety or complaints**
   93% respondents felt that if they were unhappy about something they could tell someone in the home. 88% of respondents stated that they felt staff would always listen to them. 84% of respondents stated that staff would always try to put things right if they were unhappy. 97% of residents stated that they always felt secure living in the home.

7 Member Visits to care homes

1. Councillor Haywood reported that she had visited a number of homes over three days and found the following:

   - She had not heard any complaints.
   - There appeared to be a general difficulty in recruiting staff including the high cost involved with advertising posts.
   - She urged Members to support a change to the rule involving televisions being withdrawn from respite rooms. Councillor McCarney added that this was due to television licences and that Members should lobby their MPs to have this changed.
   - Some staff felt there would be an advantage to intervening earlier with people showing signs of dementia.
   - It would be useful for homes to have a small pot of money to hire "local trades people" to carry out some jobs on the premises.
   - "Friends Groups" could be formed with volunteers who could visit people in the homes who were often lonely. This could be expanded to people living in their own homes.

2. Councillor Nina Knapman added that County Council Care homes could achieve better value for money by employing local suppliers such as butchers and gardeners and should be allowed to opt out of contracts with the Council on these occasions.

3. Councillor Jose Compton had visited a local care home which had been clean and bright and the people in the home were content, felt that their dietary needs were well catered for and had access to outings and holidays. She felt they lacked a large vehicle for transport.

4. Councillor Ian Smith reported that he had visited two homes in the Rugby area, which had been clean and tidy. One manager reported that there was ample training within the Warwickshire Care Trust for those who wanted it and he was pleased to note that people in the homes received a statutory amount of £18.60 a week to spend as they wished.

8 General Compliance Levels – National Minimum Standards

Care Homes

1. The average level of compliance by care homes in Warwickshire (64.6%) with the national minimum standards is below the national average (76.4%) –See Figure 2.1 (Appendix 1). There is a disparity in the performance of the different sectors with the council care homes achieving an average compliance rate of 79.1%, the private sector 58% and voluntary homes 71.1%. Only the Council homes achieve above the national average.

2. The Warwickshire Association of Care Homes felt there were many inconsistent practices in the assessment of the standards. Whilst CSCI acknowledge that there can be interpretation differences between inspectors when assessing the individual standards it would be unwise to present this as the rationale for below average performance in Warwickshire and indeed the Council's homes are performing above the national average using the same inspectors. CSCI were working closely with the Association and the Warwickshire Quality Partnership to try and ensure there would consistency in the application of the new outcome framework.

3. The figures for compliance with particular key standards (See Figure 2.2 –Appendix 1) show that there are significant compliance issues for all sectors relating to Service User plans, and Medication. There are additional compliance issues for Council owned homes in relation to Premises; for Voluntary owned homes in relation to Recruitment; and for Privately owned homes in relation to Healthcare, Premises, Hygiene & Infection Control, Qualifications, Recruitment, Staff Training, Quality Assurance and Safe Working Practices.

4. An analysis based on the most recent inspection reports for the Council's homes revealed

   - 96 instances where the standards were fully met
   - 37 instances where there were minor shortfalls from the standard (Almost Met)
   - No major shortfalls.

5. An analysis of the most recent inspection reports for the private and voluntary sector homes for older people with whom the Council block contracts revealed

   - 218 instances where the standards were fully met
   - 152 instances where there were minor shortfalls from the standard (Almost Met)
   - 11 instances where there were major shortfalls.

6. There were major shortfalls at 5 homes and only 2 homes had more than one major shortfall as set out in the table below.

Major Shortfalls

Standard		No of instances
9	Service users, where appropriate, are responsible for their own medication and are protected by the homes policies and procedures for dealing with medicines.	3
27	Service users needs are meet by the number and skill mix of staff	2
28	Service users are in safe hands at all time.	1
29	Service users are supported and protected by the homes recruitment policy and practices	2
31	Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully	2
36	Staff are appropriately supervised	1

Nursing Homes

7 The position for Nursing Homes is that again on average nursing homes in Warwickshire (64.1%) perform below the national average (74.1%) –See Figure 2.3. Voluntary owned nursing homes achieve an average compliance rate of 88.8% whereas privately owned nursing homes achieve an average of only 59.1%.

8 In terms of compliance with specific key standards (See Figure 2.4) there are significant compliance issues for both sectors in relation to Service Plans, Medication and Quality Assurance. Additional challenges for privately owned nursing homes relate to Social Contact & Activities, Premises, Hygiene & Infection Control, Qualifications, and Safe Working Practices.

9 Care Homes - compliance with specific key standards

Service User Plans (Standard 7)

The service users health personal and social care needs are set out in an individual plan of care

1. In Warwickshire the average level of compliance is 30.4% against a national average of 57.4%. Council owned homes achieved an average of 50%, with the average for the private and voluntary sectors being 25% and 31.6% respectively. All sectors need to improve performance in this area.

2. An analysis of the Council's 10 homes based on the most recent inspection reports revealed 5 homes met the standard and 5 homes almost met the standard. There were no major shortfalls. The minor shortfalls identified related to the level of detail in care plans, the frequency with which they were updated, and their clarity in providing advice to staff to enable residents needs to be met.

3. In relation to the analysis of the most recent inspection reports for the 20 private and voluntary sector homes where the Council had block contracts, 1 home exceeded the standard, 6 homes met the standard, and 13 homes almost met the standard. Whilst the overall compliance rate was 35% there were only minor shortfalls in relation to the remaining homes. The shortfalls were similar in nature to those for the council owned homes.

Meals and Mealtimes (Standard 15)

Service users receive a wholesome balanced diet in pleasing surroundings at times convenient to them

4. Although the levels of compliance in Warwickshire appear on the face of it to be fairly good the average of 79.4% is below the national average of 87.6%. Therefore on a comparative basis Warwickshire needs to do better. Only council owned homes exceed the national average with a compliance rate of 90% with the private and voluntary sectors achieving 76.9% and 78.9% respectively.

5. In relation to the council owned homes 9 homes met the standard and 1 home almost met the standard. The minor shortfall identified related to the adequacy of the evidence to show that residents could exercise informed choices about the food they eat. In relation to the 20 private and voluntary sector homes with which the council block contracts 17 homes met the standard, and 3 homes almost met the standard. This gives an overall compliance rate of 85% for these private and voluntary sector homes. The minor shortfalls for the 3 homes that did not meet the standard related to issues such as the types of crockery in use and consultation with residents over meal choices.

6. CSCI advised that the most common reasons for failing to meet this standard related to cooking for large numbers, catering for individual tastes and a lack of understanding around the needs of older people. Homes were also under financial pressures to cater for different choices, special diets and cultural needs. Weight-loss was a problem with older people particularly those suffering from dementia where staff needed to be more vigilant in ensuring people took in sufficient calories.

7. The Council holds a substantial amount of information about appropriate nutrition for older people as will the Warwickshire Primary Care Trust. It would be useful if both organisations could consider how they could make more information about nutrition easily available to assist homes, perhaps through the work of the Warwickshire Quality Partnership. One example of good practice was the use of glass-fronted fridges in communal areas to encourage residents to eat more.

Medication (Standard 9)

Service users, where appropriate, are responsible for their own medication and are protected by the homes policies and procedures for dealing with medicines.

8. In Warwickshire the average level of compliance is 29.4% against the national average of 60.6% with the highest level of compliance achieved by the privately owned sector of 35.9% and the voluntary and council owned homes at 26.3% and 10% respectively. Compliance levels by all sectors are a cause for concern.

Comments

9. Following the issue of the 'Handle with Care' report in February 2006 officers of the Council examined the previous year's CSCI Reports for the Council's 10 Homes which at that time revealed

    - On 11 occasions there were minor shortfalls (score 2) and on 21 occasions the standard was met i.e. scored 3 (9 of these were scored and 12 were logged as not assessed –because the standard was met at the previous inspection)
    - Only one was judged as a major shortfall (score 1). This occurred because of failure to accurately record administration of controlled medication in a home, which had scored 3 on the previous inspection. An unannounced inspection was made there recently with no resulting requirements.
    - Reasons for minor shortfalls are generally specific, mainly in recording with some lapses in storage arrangements including oxygen, rather than incorrect or failed administration. The one exception was where the resident received no medication for 3 days because the pharmacist insisted on a GP review before reissuing the prescription.

10. Further analysis on the 10 latest inspection reports for the 10 homes in August 2006 in preparation for the select committee revealed that only 1 home met the standard, 8 homes almost met the standard with 1 home not assessed for compliance with this standard (previous inspection assessed as 'almost met'). Common problems related to consistent recording in order to demonstrate consistent practice and a clear audit trail.

11. The analysis of the 20 private and voluntary sector homes where the Council has block contracts revealed that 6 homes met the standard, 11 homes almost met the standard (minor shortfalls), and 3 homes did not meet the standard (major shortfalls). An overall compliance rate of 30% for these homes. The minor shortfalls relate to the adequacy of recording systems to demonstrate medicines are being administered properly, how up to date policies are, and some storage issues.

12. The 3 homes where major shortfalls were recorded involved a combination of some of the following factors i.e. poor administration of records, inadequate policies, poor storage of medicines, out of date medicines, lack of appropriate checks on accuracy of prescriptions, competence of staff in medicine management.

13. Work continues with the Council's Workforce Development Service to ensure staff are fully trained to understand their role. Two of the latest rounds of Regulation 26 visits (a process of independent inspection) have included medication, and all council homes have been asked to make administration of medication a priority work stream in their annual Team and Unit Plan.

14. One of the issues raised in the national report was the very high percentage of homes which having achieved the minimum standard then slip back and fail. Expenditure on training does not seem to have had an impact in this area. Homes do not appear to have learnt from past failings. The reasons that homes fail to manage medication properly have changed little. CSCI advised that whilst individuals often attended training sessions, the importance of what staff were doing was somehow lost and training not followed through in the working environment.

15. The national report highlights that one of the other standards, which is intuitively linked to the administration of medicine, are the standards relating to 'staff training'. Where the staff training standards were met approximately 65% of homes also met the medication standard, whereas for homes not meeting the staff training standards only 40% managed to meet the medication standard.

16. There was also a need to develop a strong tripartite relationship between Pharmacists and GP's and homes to ensure patients were reviewed regularly and prescriptions were appropriate. Sue Davis, Rugby PCT indicated that Pharmacists would in the future be required to carry out annual audits of care homes and to prepare Action Plans. The Health Service had recognised that GPs needed to be recompensed for supporting nursing homes, and with this would come the requirement for GPs to carry out annual medication and health checks.

Response by the Council to the national report recommendations

17. **Urgent review of policy and practice**. Officers of the Council suggested that a review should cover medication practice both in residential and domiciliary care to anticipate the declared intention for a future national review along the lines of this national Report. At present the in house Home Care service operates a "prompt only" policy and is only insured for such.

18. Because of the growing demands for increased intervention and the number of people with a severe level of disability who require active assistance at home to take their medication, the Older People Management Group has been conducting a survey of practice in other authorities and has held several meetings with Rugby PCT about these issues and the role of pharmacists.

19. Council officers were conscious that taking responsibility for safe management of medicines in the community is more complex. Whilst both home carers and residential staff have had access to the awareness training, home care staff would need enhanced training and would need much clearer guidelines about the respective input of health colleagues.

20. Such a review should include an expectation that commissioners sharpen up their expectations of what is required and take account of the fact that it inevitably takes time to ensure all staff have access to training within the rolling programme.

21. **Support improvement through training programmes and joint initiatives with PCTs.** Warwickshire Quality Partnership has carried out several Training Needs Analyses and predictably medication is in the top three along with dementia and adult protection.

22. The Directorate also holds a regular Domiciliary Care Forum and an Independent Sector Group for residential providers and medication will be placed on the agenda of both these groups.

23. The main barrier to progress is the sheer volume of staff to be trained –it is not only money but also the logistics of releasing them.

24. **PCTs acknowledge their responsibility to support health care provision within Homes** This is an area of prime need. There has been a series of meetings with Rugby PCT (hopefully representing the other 2 PCT's) with Council officers. Whilst the PCTs have expressed interest in supporting the council and independent providers to offer safe and effective care, the meetings have equally been influenced by a preoccupation with pharmacists' contracts and how social care agencies might fill any gap in provision because of changed roles. This has been a slow and stop-start process without a conclusion so far.

25. **Cultural sensitivity** Homes have had to give consideration to issues of cultural sensitivity and Homes in Nuneaton and Leamington have taken steps to ensure they can offer appropriate care to people from the Asian communities in their locality. Council officers are not aware of any specific issues relating to assisting with medication but as one of the Equalities Diversity Coordinator posts will cover provider units this is an aspect for further research.

26. **Pharmaceutical advice**. It may be helpful if Inspectors are able in future to offer more considered guidance to managers of homes once the regulatory functions are integrated in 2008 and more influence can be brought to bear on PCTs to offer the support required.

Premises (Standard 19)

Service users live in a well-maintained environment

27. In Warwickshire the average level of compliance was 53.6% against the national average of 67.1%. The performance of the various sectors was subject to considerable variation with voluntary owned homes achieving an average of 78.9% compared to the private sector and council owned homes with an average of 47.5% and 30% respectively.

28. In relation to the Council owned homes 1 home exceeded the standard, 2 homes met the standard and 7 homes almost met the standard. The minor shortfalls tend to relate to requirements for minor re-decoration, shabby paintwork, wall coverings, carpeting etc.

29. In relation to the 20 private and voluntary sector homes that the Council block contracts with, 13 homes met the standard and 7 homes almost met the standard. This gives an overall compliance rate of 65%. Again the minor shortfalls related to minor re-decoration issues such as replacement carpets, stained baths, cleanliness of certain areas, shabby worn furniture etc.

Recruitment (Standard 29)

Service users are supported and protected by the homes recruitment policy and practices

30. The Government has legislated to require social care employers to adopt measures aimed at improving standards of practice and protection. This has been combined with positive steps such as extra investment in training (backed up by an obligation that at least half of the workforce are NVQ trained). Money has been made available through Skills for Care and a national advertisement campaign to publicise care work was held two years ago.

31. The County Council responded by encouraging the formation of Warwickshire Quality Partnership which co-ordinates with the Directorate's Workforce Development Service to ensure employers and employees in statutory, private and voluntary settings are aware of and access these opportunities.

32. The Criminal Records Bureau (CRB) was set up by the Home Office to screen candidates for posts with children and vulnerable adults. For any such posts Social Care employers are required to carry out a check, which involves obtaining a standard or enhanced disclosure from the CRB. In some cases the facility exists to carry out checks on staff that are recruited from overseas but this depends on what records their Country of origin holds.

33. The requirement for such a check applies both to substantive employees, agency staff, (where the agency should provide evidence of completed checks), and volunteers who may be involved in undertaking personal care tasks or maybe alone with service users or residents.

34. Protection of Vulnerable Adults Scheme (POVA) was enacted in 2004 as a requirement under the Care Standards Act 2000. Any agency that becomes aware of a reason that somebody may prove unsuitable to be employed in a job involving personal care has a duty to have the name of the individual included on the POVA list. This would be typically where someone is accused of an offence against vulnerable adults or had undergone a disciplinary process because of poor standards of practice or abuse.

35. It is now a requirement that anyone applying for a job in a registered care home or domiciliary team or domiciliary care agency should have his or her application checked against the POVA list in addition to the CRB check. The law requires that only when these checks are completed can the person commence duties. In certain cases where there is an urgent need to employ someone for instance because the unit is very short of staff a POVA First check can be done which gives a quick indication as to whether there is any major offence known. The person can then start work conditional on the completion of the full POVA check.

36. The average level of compliance in Warwickshire was 56.1% against a national average of 65%. There was considerable variation between the sectors with council owned homes scoring an average of 90% and the private and voluntary sectors achieving averages of 51.4% and 47.4% respectively.

37. In relation to the Council homes 9 met the standard, and 1 almost met the standard. The minor shortfall related to lack of written references/copy birth certificates on some files. An analysis of the 20 private and voluntary sector homes the council

block contracts with reveals that 8 homes met the standard, 10 homes almost met the standard and 2 homes did not meet the standard. The minor shortfalls related to similar issues as for the council's home –sufficiency of records, adequacy of written procedures (even though practice was adequate), and lack of awareness of the circumstances in which a POVA first check could be sought. The major shortfalls included cases where staff had been employed prior to references, POVA and CRB checks being received and dismissal of one member of staff following receipt of a check and recruitment records being unavailable.

Comments

38. The national report indicates that the two most common reasons for failing to meet the standard is the failure to have adequate evidence of references and checks on file and inadequate recruitment policies and procedures.

39. A factor that strongly characterises Warwickshire is the differential in ease of recruitment in the County. This is a complex issue for Home Managers who need to maintain minimum staff levels both because of the level of dependency of their residents and because CSCI checks that there is adequate and safe staff cover.

40. Within Council owned homes where a check reveals evidence of past offences the responsible manager with advice from human resources has to make a judgement as to whether or not to offer the post to the candidate. Generally any offence against children or vulnerable adults or any offence involving violence or other matters of a serious nature would rule out confirmation of the appointment. However if the offence was a minor one committed when the person was very young it may well be possible to consider taking them on.

41. During the implementation phase within Council owned homes CSCI did pick up on some problems of compliance. This was with respect to Units in areas where recruitment is difficult and where to avoid losing new recruits through delays in start dates pending receipt of checks, managers were allowing the recruit to start work under supervision. To avoid this happening the POVA First check is now used in these situations. At a recent liaison meeting CSCI Regulation Managers declared they are now satisfied the Directorate is correctly using the CRB and POVA checking systems.

10 Staff Turnover and Agency Staff

1. Within Council owned homes an analysis of staff turnover in the last financial year reveals that the average is 14.75%. This varies with six of the ten homes being close to the average, and one above and three below. Turnover tends to be lower in those areas where the unemployment rate is higher i.e. fewer alternative jobs available, but turnover tends to be higher in those areas –mainly in the south of the county- where recruitment is more difficult. This demonstrates the importance of devoting attention to staff retention in those areas.

2. In the hard to recruit areas the Council makes higher use of agency staff. Although, as expenditure had been rising, in 2004/05 measures were taken to reduce this the balance of agency spend has remained the same in 2005/06. Figures show this expenditure is mainly within the hard to recruit areas of the county. As accurate turnover figures have only become available with the recent implementation of the Human Resources Record Management System (HRMS) there is no trend information at present.

3. The Warwickshire Association of Care Homes indicated that whilst the fees payable for residential care were not always the final determinant of quality, in some areas it could have a significant impact particularly where the low rates of pay for staff caused difficulties in recruitment and retention. The funding regime for nursing care was complex and inequitable from the independent sector point of view, for example if a resident was being paid for by the NHS under the 'continuing healthcare' regime, the home received the full cost of the place, whereas if the local authority was funding the home only received a proportion of the true cost. This could amount to a difference of some £300 a week. Whilst top-ups had provided some flexibility, mostly they were an anathema because of the complexities around the arrangements.

4. CSCI advised that there were many foreign workers filling the gap in the market and often accepting lower pay and signing up to longer contracts. Work was being undertaken with providers on linguistic skills and increasing the understanding of different cultures. The Warwickshire Quality Partnership was also involved in working out whether overseas qualifications were relevant.

11 Quality Assurance and Training

Within Council-owned Homes

1. The Council has developed a Quality Assurance system, which builds on the objective of developing and applying consistent procedures countywide in both home care and residential settings. The QA system, which each unit has a copy of, is updated in the light of experience, is refined to take account of National Minimum Standards and specific issues which arise from CSCI Inspections, and to inform training plans.

2. Within the QA system therefore staff have access to clear instructions on administration, storage and recording. Only accredited residential staff are allowed to administer medication, at Care Officer level or above.

3. Training for those who may administer is done on a distance- learning basis. This applies to a potential group of 219 staff, of whom 175 are now fully accredited. This is supported through awareness training by Boots Chemists, who trained 49 residential staff last year within a continuing programme of half-day courses for home care and residential staff.

With Homes the Council has block contracts

4. There was an acknowledgement that contract management processes could be more robust and that more frequent exchange of information between CSCI and the Council would be beneficial. New contract management protocols were under development.

General

5. No national quality assurance tool for homes has been developed. This is currently the subject of bid for funding by the Warwickshire Quality Partnership. There is a need to improve the link between training provided and improvement in quality of service and the ability to measure the effectiveness of training to ensure consistent improvement. This is most readily apparent in relation to Medication where the national report highlights the ease with which homes slip in and out of compliance.

12 Future Policy Direction

1. Demographic growth indicates that the number of Warwickshire residents aged 85+ is projected to grow from 10,900 in 2006 to 12,500 by 2011 (+15%) and to 14,700 by 2016(+35%). The estimated number of people with dementia in Warwickshire is predicted to rise from 7419 in 2006 to 8261 in 2011 (+11.3%) and 9393 in 2016 (+13.6%), a cumulative % rise of 26.6%.

2. There are approximately 53,000 carers in Warwickshire, 20,000 provide at least 20 hours of care per week and 15,000 of those provide over 50 hours of care per week.

3. In 2002/03 the Council placed 87 older people per 100,000 people aged 65+ permanently into residential or nursing care and by 2005/06 this had reduced to 69 older people per 100,000 people aged 65+. Some concern was expressed by the Warwickshire Association of Care Homes that reducing the level of admissions would limit choice of home.

4. The policy direction for adult social care services is to move towards supporting more older people to remain in their own homes, reducing admissions to residential care and a growth in intensive home care and other support services. The Council has commissioned a comprehensive needs analysis, due to report at the end of September, to help shape the future of services. This will be an essential piece of the evidence upon which any future commissioning strategy can be formulated. The potential for massive increases in demand for services over the next 10 years requires a measured planned and evidence based approach that provides value for money. Prevention becomes increasingly important together with the need to develop a range of support services, including additional support for family carers, which enable people to maintain their independence for longer.

5. The Supporting People programme is a key part of any plans for the future. We were pleased to see that links were being made with other developments i.e. low intensity support service (PHILLIS), telecare, extra care with housing, and the accommodation strategy being developed with district councils.

6. It is clear that residential care will remain an important part of any strategy to meet the needs of older people for the foreseeable future. However the scale and scope of the accommodation required depends on the outcomes of the needs analysis and our success in developing cost effective services that enable people to stay in their own home. It is also clear that the Council will not be able to meet the demand by itself and that effective partnership working with health, district councils, voluntary sector and others will be essential if we are to meet the social care needs of residents in Warwickshire in the future.

13 Continuing Health Care and NHS Funded Nursing Care

1. The Government has been consulting on new guidance covering the National Framework for NHS Continuing Health Care and NHS funded Nursing Care. The consultation ended on 22 September 2006. The government response is awaited.

2. '**Continuing healthcare'** means the NHS pays for the full package of care including accommodation if the individual is in a care home. **NHS-funded nursing care'** means the NHS is responsible for funding the registered nurse element of a care package in a care home. Adult social services are responsible for the rest of the package e.g. accommodation and personal care.

3. A national framework for NHS continuing healthcare was promised by Government in December 2004, in light of escalating complaints about unfair, and inconsistent decisions, due to the lack of clarity in the existing guidance and different interpretations. Particular problem areas highlighted in the consultation paper were

    - Omitting dementia from eligibility
    - Not allowing eligibility for people at home or cared for by relatives
    - Expecting local authorities to provide care of a nature which was inappropriate
    - Confusion between the criteria for NHS continuing health care and NHS high band nursing care, which shared similar wording
    - Primary Care Trusts (PCTs) failing to assess for continuing healthcare at the start of the assessment process

4. At a national level reservations about the existing system expressed by those concerned with social care have included the following

    - Continued concerns by the Health Ombudsman that NHS decisions continue not to meet Coughlan requirements.
    - Further court cases, the most recent being "Grogan", on both the possible misapplication of criteria and the use of an hierarchy of entitlements related to Registered Nursing Care Contributions [RNCC] and Continuing Health Criteria [CHC].
    - Unease that people may be paying for care when they should not be.
    - A wish to avoid the criticism that local authorities might have done more to advise people about their entitlements.
    - The potential for a gap between RNCC, continuing health care and social care responsibilities of councils into which people can fall.
    - Concerns around possible "cost shunting" in the areas of dementia and learning disability care and support.
    - The need for more transparent and accountable local governance on CHC systems and appropriate and effective involvement of social care.

5. The issue for individuals and relatives is largely financial as NHS care is free at the point of delivery whilst provision of adult social care is means tested.

The Proposals

6. **Eligibility** – If an individual's primary need is a health need he/she should qualify for NHS continuing healthcare. Whether health is the primary need will be determined by reference to 4 key indicators – nature, complexity, intensity and unpredictability of need.

7. **Assessment** – Screening for NHS continuing healthcare is the start of the assessment process. A national screening tool is being developed for use by a multi-disciplinary team - a draft is included in the consultation paper based on 11 care 'domains' (e.g. behaviour, cognitive impairment, skin, breathing etc) and 4 levels of need i.e. priority, severe, high, moderate. The combination of levels of need in domains is analysed to determine eligibility.

8. **Provision** – Eligible individuals will have their care fully funded by the NHS. People who are <u>not eligible</u> may still be eligible for NHS funded nursing care e.g. the care component provided by a registered nurse. The current system of funding nursing care based on low, medium and high bands of need with different payment levels will be replaced by a single band based on average weekly cost (estimated to be £97 per

week). PCTs currently provide ‘high banders’ with £133 per week so some individuals will be disadvantaged and therefore PCTs may need to absorb additional short-term costs.

9. **Reviews** –all individuals who go through the assessment process for continuing healthcare (whether or not found to be eligible) should be reviewed at three months and thereafter annually.

10. **Cost** – The Department of Health estimates that the additional cost to the NHS in the first year of implementation will be £110M. Changes in place as a result of legal challenges amount to around £70M leaving a net increase of £40-45M. Implementation will involve a shift in responsibility for payment from local authority budgets to the NHS.

The Issues

11. There remains the potential for local interpretation particularly in relation to finance. Although the framework is supposed to be a professional decision based on need, PCTs will undoubtedly be under pressure to minimise additional expenditure. The framework is complex and consistency in implementation might well be an issue.

12. What will happen to people who are ineligible for continuing healthcare but with significant levels of need for nursing care way beyond the £97 average? How will the funding gap be met?

Appendix 1 – PERFORMANCE TABLES

1	LOCAL PROVIDER CHARACTERISTICS

Figure 1.1 Percentage of adults placed outside authority boundaries

	Warwickshire	IPF	Shire Counties	England
31 Mar 2003	11.5%	11.9%	10.1%	17.1%
31 Mar 2004	14.1%	12.9%	11.2%	18.0%
31 Mar 2005	18.1%	13.8%	11.5%	18.6%

Figure 1.2 Percentage of adult residential care market with council-supported residents

	Warwickshire	IPF	Shire Counties	England
31 Mar 2003	40.4%	38.5%	39.3%	45.3%
31 Mar 2004	32.9%	35.4%	35.8%	40.9%
31 Mar 2005	32.0%	34.2%	34.2%	39.1%

Figure 1.3 Care homes for adults and older people - registered establishments/places

	Sector	Nursing		Personal care	
		Establishments	Places	Establishments	Places
31 Mar 2006	LA	0	0	10	349
	Private	29	1361	56	1166
	Voluntary	7	254	81	1021
	Total	36	1615	150	2551

Figure 1.4 Care homes for adults and older people - registrations and deregistrations
31st March 2004 to 31st March 2006

	Sector	Nursing		Personal Care	
		Establishments	Places	Establishments	Places
Registrations	LA	0	0	0	0
	Private	4	165	9	166
	Voluntary	2	82	1	10
	Total	6	247	10	176
Deregistrations	LA	0	0	0	0
	Private	5	205	21	306
	Voluntary	1	23	9	35
	Total	6	228	30	341

Figure 1.5 Care homes - registered places by user group per 1000 people

User Group	Warwickshire	IPF	Shire Counties	England
Older People*	35.23	39.46	41.41	40.24
Dementia >65*	16.55	22.08	20.72	20.04
Learning Disability**	1.42	1.97	2.29	1.91
Mental Health**	0.67	1.26	1.27	1.28
Physically Disability**	2.12	3.72	3.85	3.18
Sensory Disability**	0.11	0.15	0.19	0.18

* per person over 65 ** per person 20-64

Figure 2.1 Percentage of all standards met by older people's personal care homes

	0-25%	26-50%	51-75%	76-100%	Average
LA Owned	0.0%	0.0%	20.0%	80.0%	79.1%
Private Owned	2.5%	40.0%	32.5%	25.0%	58.0%
Vol Owned	0.0%	26.3%	21.1%	52.6%	71.1%
Warwickshire	1.4%	30.4%	27.5%	40.6%	64.6%
England	2.1%	10.5%	26.6%	60.8%	76.4%

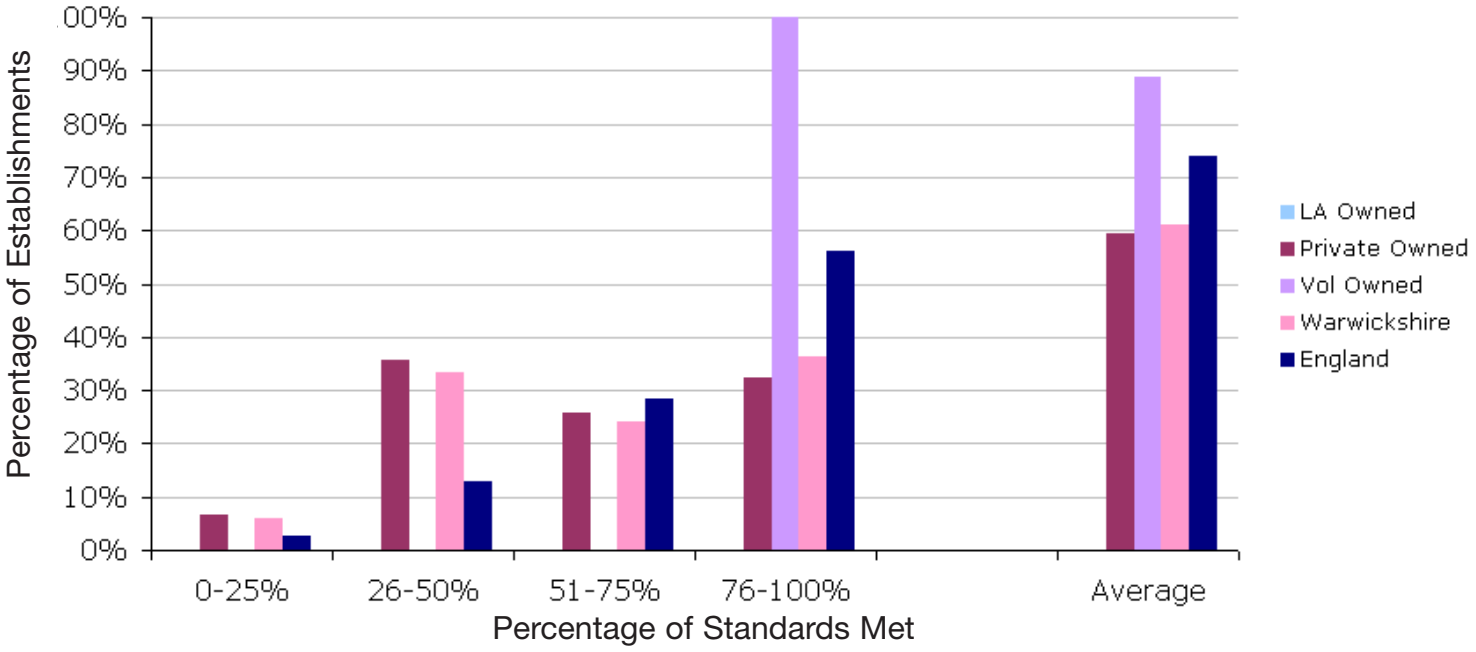

Figure 2.2 Percentage of individual standards met by personal care homes for older people

Standard	LA Owned	Vol Owned	Private Owned	Warwickshire	England
Needs assessment	100.0%	78.9%	73.0%	78.8%	83.8%
Intermediate care	100.0%	N/A	66.7%	80.0%	88.0%
Service user plan	50.0%	31.6%	25.0%	30.4%	57.4%
Healthcare	90.0%	63.2%	51.3%	60.3%	81.3%
Medication	10.0%	26.3%	35.9%	29.4%	60.6%
Privacy & dignity	100.0%	94.7%	84.6%	89.7%	91.0%
Social contact & activities	80.0%	78.9%	59.0%	67.6%	80.5%
Community contact	90.0%	100.0%	87.2%	91.2%	97.6%
Autonomy & choice	80.0%	94.7%	73.7%	80.6%	92.2%
Meals & mealtimes	90.0%	78.9%	76.9%	79.4%	87.6%
Complaints	90.0%	84.2%	73.0%	78.8%	87.2%
Protection	90.0%	68.4%	59.0%	66.2%	75.5%
Premises	30.0%	78.9%	47.5%	53.6%	67.1%
Hygiene & infection control	70.0%	73.7%	35.0%	50.7%	78.5%
Staff complement	80.0%	63.2%	61.5%	64.7%	81.5%
Qualifications	94.7%	65.8%	50.0%	61.2%	70.3%
Recruitment	90.0%	47.4%	51.4%	56.1%	65.0%
Staff training	80.0%	89.5%	48.6%	65.2%	72.0%
Day to day operations	100.0%	68.4%	71.1%	74.6%	74.2%
Quality assurance	70.0%	73.7%	48.7%	58.8%	66.4%
Service User Money	90.0%	73.7%	85.0%	82.6%	88.4%
Safe Working Practices	70.0%	63.2%	18.4%	38.8%	53.7%

Figure 2.3	Percentage of all standards met by older people's nursing homes				
Nursing Homes	0-25%	26-50%	51-75%	76-100%	Average
LA Owned	N/A	N/A	N/A	N/A	N/A
Private Owned	6.5%	35.5%	25.8%	32.3%	59.3%
Vol Owned	0.0%	0.0%	0.0%	100.0%	88.8%
Warwickshire	6.1%	33.3%	24.2%	36.4%	61.1%
England	2.7%	12.9%	28.3%	56.1%	74.1%

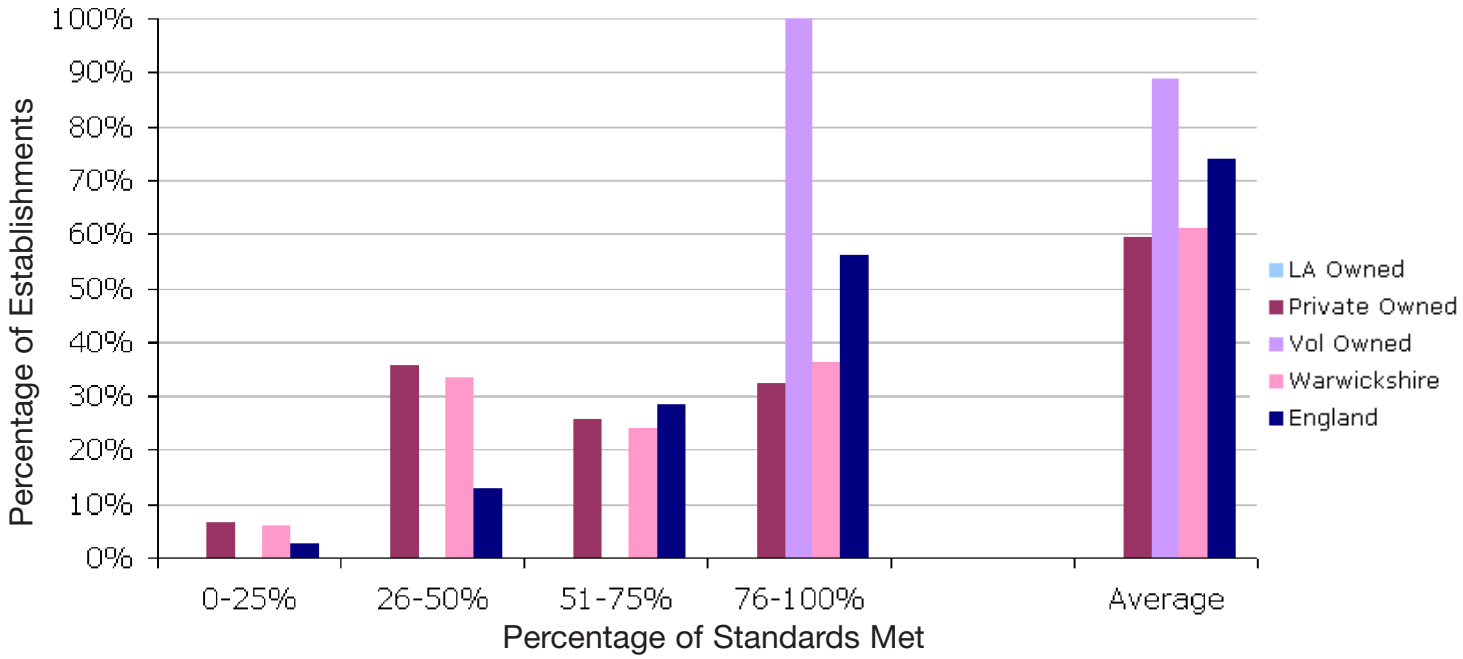

Figure 2.4	Percentage of individual standards met by nursing homes for older people				
	LA Owned	Vol Owned	Private Owned	Warwickshire	England
Needs assessment	N/A	100.0%	80.6%	81.8%	85.2%
Intermediate care	N/A	100.0%	75.0%	80.0%	81.0%
Service user plan	N/A	0.0%	41.9%	39.4%	55.2%
Healthcare	N/A	100.0%	61.3%	63.6%	72.5%
Medication	N/A	50.0	48.4%	48.5%	55.8%
Privacy & dignity	N/A	100.0%	71.0%	72.7%	86.2%
Social contact & activities	N/A	100.0%	51.6%	54.5%	75.8%
Community contact	N/A	100.0%	93.5%	93.9%	97.5%
Autonomy & choice	N/A	100.0%	66.7%	68.8%	88.5%
Meals & mealtimes	N/A	100.0%	58.1%	60.6%	80.4%
Complaints	N/A	100.0%	83.9%	84.8%	86.0%
Protection	N/A	100.0%	61.3%	63.6%	74.7%
Premises	N/A	100.0%	54.8%	57.6%	65.9%
Hygiene & infection control	N/A	100.0%	38.7%	42.4%	73.2%
Staff complement	N/A	100.0%	58.1%	60.6%	78.7%
Qualifications	N/A	75.0%	45.8%	47.6%	69.2%
Recruitment	N/A	100.0%	58.1%	60.6%	65.5%
Staff training	N/A	100.0%	58.1%	60.6%	71.6%
Day to day operations	N/A	100.0%	69.0%	71.0%	73.9%
Quality assurance	N/A	50.0%	48.4%	48.5%	69.2%
Service User Money	N/A	100.0%	80.6%	81.8%	86.8%
Safe Working Practices	N/A	100.0%	22.6%	27.3%	54.1%

Appendix 2 Recommendations from National Reports

Office of Fair Trading Report into the Care Homes Market (May 2005)

The OFT study into the care homes market for older people found that people need easier access to information when choosing a care home and more support once in a home. Care homes also need to ensure that fee related terms used in their contracts are fair and transparent.

The report makes a series of recommendations to improve the way in which the care homes market is working for older people and their representatives. The main recommendations are set out below.

- Authority care home directories should cover all care homes for older people in their area; listing services offered by the care homes. They should also include Authority levels of funding for care home places, and identify all care homes that require additional payments above the amount the Authority is usually prepared to pay.
- All care home regulators should make their care home inspection reports available online, and make them more user-friendly, for example by including a short summary at the beginning.
- The Government should establish a central information source or 'one stop shop' for people to get information about care for older people.
- The Government should clarify the guidance to Authorities on the Choice of Accommodation Directions, to make it clear that self-funded older people with an assessed need should have access to the same advice, guidance and assistance on choice as older people receiving public funding.
- Authorities should ensure their advice and information materials for older people and their representatives state very clearly that an older person with an assessed need, who is entitled to Authority funding, does not need to secure a top up in order to find a care home place that is suitable for their needs.
- Care homes should provide the price in writing of accommodation and residential or nursing fees promptly and prior to the older person making the decision to enter a home. The Government should amend the relevant regulations to include this as a requirement.
- Care homes should ensure urgently that all their residents are provided with written contracts or statements of terms, and that care home regulators and inspectorates monitor this to ensure that significant improvements are delivered in the shortest possible time.
- The Department of Health and, as far as it is within their power to do so, the devolved administrations, should amend relevant legislation and guidance so that authorities are responsible for contracting and paying for the full costs of accommodation, including any top up fees.
- Care home regulators should produce an easy-to-understand document that provides practical information to all older people living in care homes and their representatives about the redress options open to them.

Handle with Care - February 2006 (Medication Standard);

Key Findings

- There has been some slight improvement in performance overall, with the exception of nursing homes for older people.

- The rate of improvement has been disappointingly slow with nearly half the care homes for older people and younger adults (equivalent to some 210,000 places) still not meeting the minimum standard relating to medication.

- Of particular concern is the very high percentage of homes which having achieved the minimum standard then slip back and fail.

- Expenditure on training does not seem to have had an impact in this area. Homes do not appear to have learnt from past failings. The reasons that homes fail to manage medication properly have changed little.

- Geographical analysis shows a wide variation of home's performance from one area to another.

- Home's need to be more alert to how to respond to individual cultural needs and preferences of residents.

Main recommendations

- All care homes urgently review their policies and practices in managing medication and demonstrate progress by supporting and closely monitoring the practices of their care workers

- Council's continue to support improvement in home's practice through staff training programmes, joint initiatives with NHS PCTs and through service commissioning plans
- Council's hold discussions with homes and training providers to ensure available training grants are directed to rectifying performance deficiencies relating to management of medication

- NHS PCT acknowledge and act on their responsibility to support health care provision within private and voluntary care homes

- HealthCare Commission monitors PCT performance against this expectation e.g. through Annual Health check
- Homes address how medication is administered to people from different cultures

- CSCI's commitment to ensuring inspectors incorporate in their judgement about medicine administration, appropriate sensitivity to resident's cultural needs.

- Learning resources developed by National Patient Safety Agency are actively promoted to the private and voluntary care sector where NHS patients are cared for

- New inspectorates taking on the function of regulating and inspecting care services carefully consider how they will access pharmaceutical advice at both senior and local level.

Improving Meals for older people in care homes -March 2006

Key findings

- As at March 2005 83% of care homes met or exceeded the requirements of the meals and mealtimes standard (scoring either 3 –met or 4-exceeded).

- The quality of meals in care homes has improved slightly over the past two years.

- 1,916 care homes providing approximately 70.000 places did not provide older people with 'a wholesome, appealing balanced diet in pleasing surroundings at times convenient to them'

- One in six care homes need to improve their performance against the national minimum standard for meals and mealtimes.

- Between April 2004 and October 2005 there were 453 complaints that the Commission upheld about food across all regulated services (not just older people services). The most common themes were about quality (28%), choice (16%) and limited availability of food (27%)

- Care homes (with nursing) appear to have greater difficulty in meeting the meals and mealtimes standard.

- 89% of care homes for older people with adequate staffing levels meet the meals and mealtime standards, compared with 65% of homes with inadequate staff.

- Voluntary care homes and local authority care homes outperform those run by the private sector. Approximately 89% of voluntary homes were meeting the standard compared to 83% of privately owned homes.

- The likelihood of a person being in a care home meeting the standard can depend on where they live in England.

Safe and Sound – June 2006 (checking the suitability of new care staff in regulated social care services)

Key Findings

- Performance against the recruitment and vetting standard has improved for adult care homes overall. However the starting base in 2002-03 was low and performance was still poor in 2004-05. Older People's care homes (overall) 59%: Younger adult's care homes (overall) 61%.

- As at 31 March 2005 voluntary providers of adult services performed better than those services provided by private organisations and local councils. The only exceptions to this trend were younger adult's care homes with nursing care and older people's care homes with nursing.

- Older people's care homes were the poorest performing residential setting as at 31 March 2005 with 59% of care homes for older people meeting the standard. Older people are the largest group receiving care services and therefore potentially exposed to avoidable risk.

- Voluntary and local council providers of older people's care homes performed better than private providers (except in 2002-03, when private providers performed better than local councils). Local councils have made the most progress to date, improving from 40% of services meeting the standard in 2002-03 to 59% in 2004-05.

Reasons why the standard was not met – Older people's Homes (based on an analysis of 25 inspection reports of homes not meeting the standard)

- 40% failed to verify the suitability of staff by carrying out thorough employment checks and references i.e. the staff member's file did not contain evidence that the employer obtained appropriate CRB disclosure and two written references.

- 40% failed to have robust, written recruitment policies and procedures i.e. the policies were insufficient and not adequately implemented.

- 14% failed to have an adequate application and interview process i.e. there was insufficient evidence to show that the application and interview process was fair.

- 6% failed to gain an adequate employment history i.e. the staff members file did not contain their employment history and provide reasons for any gaps in employment.

APPENDIX 3 –KEY STANDARDS

3 No service user moves into the home without having had his/her needs assessed and been assured these needs will be met

6 Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home

7 The service users health personal and social care needs are set out in an individual plan of care

8 Service users make decisions about their lives with assistance as needed

9 Service users, where appropriate, are responsible for their own medication and are protected by the homes policies and procedures for dealing with medicines.

10 Service users feel they are treated with respect and their right to privacy is upheld

12 Service users find the lifestyle experienced in the home matches their expectations and preferences and satisfies their social, cultural, religious and recreational interests and needs.

13 Service users maintain contact with family, friends, representatives and the local community as they wish.

14 Service users are helped to exercise choice and control over their lives.

15 Service users receive a wholesome balanced diet in pleasing surroundings at times convenient to them

16 Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon

18 Service users are protected from abuse

19 Service users live in a well-maintained environment

26 The home is clean pleasant and hygienic

27 Service users needs are meet by the number and skill mix of staff

28 Service users are in safe hands at all time.

29 Service users are supported and protected by the homes recruitment policy and practices

30 Staff are trained and competent to do their job

31 Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully

33 The home is run in the best interests of the service users

35 Service users financial interests are safeguarded

38 The health, safety and welfare of service users and staff are promoted and protected