

Councillor Mrs J Compton, Councillor R Randev

- Cabinet Member Councillor C Hayfield, Councillor A Farnell – for information
- Chief Executive
- Legal Alison Hallworth, Adult and Community Team Leader
- Finance Philip Lumley-Holmes, Financial Services Manager
- Other Chief Officers
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals Jane Pollard, Overview and Scrutiny Manager
Simon Robson, Head of Local Provider Services
John Hawthorn, Workforce Development Manager
Rachel Crockett, Assistant Service Manager, Older People
Joyce Woodings, Service Manager, Specialist Services
Pete Sidgwick, Principal Contract Monitoring Manager

FINAL DECISION NO

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee Update report – 14th November 2007
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

**Adult and Community Services Overview and Scrutiny
Committee – 30th May 2007**

**Progress of Actions to Improve Performance in respect of
Older People's Residential Care**

**Report of the Strategic Director of Adult, Health and
Community Services**

Recommendation

That the Adult and Community Services Overview and Scrutiny Committee:

1. Consider the progress of actions to improve performance in respect of older people's residential care.
2. Request a further update in six months.

1. Background

- 1.1 The Adult and Community Services Overview and Scrutiny Committee meeting of 8 November 2006 heard the Chair's report of the outcomes of the Select Committee into Older People and Residential Care.
- 1.2 The report detailed a number of recommendations to Cabinet in order to improve the quality of care within the local residential care sector through challenging performance and involving partners to inform, develop and support actions to improve performance.
- 1.3 The report also included recommendations to improve performance in respect to the local application of Continuing Health Care criteria and Registered Nursing Care Contributions, again through maximising knowledge, skills and resources available, specifically from partners in the Health Service.
- 1.4 The Adult and Community Services Overview and Scrutiny Committee of 13 December 2006 received the initial response from the Strategic Director of Adult, Health and Community Services, to the recommendations to Cabinet in the report 'Older People and Residential Care' presented to Overview and Scrutiny Committee on 8 November 2006. The Strategic Director provided reassurance that all recommendations would be effectively addressed.
- 1.5 Given the timescales, the Strategic Director reported that it was not achievable to submit a detailed action plan for the Adult and Community

Services Overview and Scrutiny Committee on 13 December 2006, but a comprehensive and detailed action plan would be presented at the Overview and Scrutiny Committee on 14 February 2007.

- 1.6 The action plan was approved at the Overview and Scrutiny Committee of 14 February 2007, and is provided at **Appendix A**.
- 1.7 This first review of the action plan reports back to Members as to progress of actions to address the recommendations. In addition, in reporting this progress the following issues of particular interest to Members are concurrently addressed:
- Actions taken to improve compliance with medication standards
 - Key improvements and activities, including training activity which has taken place
 - The effectiveness of the new contract management protocols currently under development
 - Further information available on current compliance levels.

2. Key Issues

- 2.1 Current activities to improve older people's residential care to progress the recommendations to Cabinet are numerous and are being carried out by a wide range of staff from across the Directorate and within partner agencies. Therefore, in order to provide a comprehensive, but succinct update the following approach has been utilised to endeavour to most effectively inform Members of progress:
- Progress of actions in response to each of the 16 recommendations as listed in the action plan are detailed below (section 2.2.1 to 2.2.16).
 - Summary of the performance of the in-house Residential Care Homes following the latest round of unannounced CSCI Inspections (section 2.3).
 - Relevant training activity taken place to improve quality, performance and experience of users in the Warwickshire Residential Care market (section 2.4).
- 2.2 It is anticipated that the material as presented in this report will generate a number of questions from Members. Therefore key officers from the Adult Commissioning Unit, Workforce Development, and Local Provider Services will be present at the Committee to answer queries.

Progress of Actions to address Recommendations

2.2.1 Recommendation 1

That the Strategic Director of Adult, Health and Community Services should explore high performing areas to identify whether there are any particular initiatives that have had a measurable impact on improving standards in care homes which could be applied in Warwickshire.

A considerable amount of work has gone into how to effectively address this recommendation and ensuring that the subsequent actions are based on

information which is accurate and reliable. At first it was thought that the Commission for Social Care Inspection (CSCI) Local Authority Market Analyser (LAMA) could be the most accurate current measure of standards in Older People's Care Homes. The LAMA as a document is in its infancy. Its aim is to provide an overview of all CSCI registered service providers based in a Council area and how these providers compare with national and regional scores on Key National Minimum Standards which measure dimensions of quality as observed in CSCI Inspections. This dataset is aggregated up from individual returns for each of nearly 20,000 service providers.

The Adult Commissioning Unit, having considered the LAMA document in detail and by mutual agreement having copies of Worcester and Gloucester County Council's reports, have found that the document is not up to date. Warwickshire's most up to date version being 2005/06, and that the way information is collated may not be the most helpful in analysing the actual performance of providers.

CSCI are producing an updated LAMA document, however this will not be available until the summer of this year. CSCI are also going to produce a further new document 'Capturing Regulatory Information at a Local Level' (CRILL). As with the LAMA the aim of this document is to provide local authorities with information from inspections to assist in achieving comparison of performance against national minimum standards. This document was going to be circulated by CSCI in early 2007; however this has now been put back and has no new release date.

Therefore in order to carry out a meaningful and more up to date benchmarking exercise, that Adult Commissioning Unit analysed the last two inspection reports that have been posted on the CSCI website focussing on block contracts with Residential Care providers that the Directorate currently holds. This analysis covered 26 establishments which provide care for approximately 800 older people.

Findings

The inspection reports were taken from the CSCI website on 20 April 2007. Out of all the most recent two CSCI inspection reports considered and the 38 possible standards per inspection the following was found:

- 18 standards "not met" (major shortfalls)
- 136 standards "almost met" (minor shortfalls)
- 353 standards "met" (no shortfalls)
- 6 standards exceeded (commendable)

In considering which standards were not met, both major and minor shortfalls, the key areas for development in priority order are:

- Standard 9 (Medication)
- Standard 29 (Recruitment)
- Standard 7 (Care Planning)
- Standard 38 (Health and Safety).

Action Taken

Standard 9 (Medication) – Warwickshire PCT have been contacted to discuss how the use of their Care Home Medication Standards Assessment and Action Plan can be used to increase compliance with Standard 9 (Medication). A meeting was held on 1 May 2007.

Standard 29 (Recruitment) – All Older People's Care Homes have previously been asked for information that demonstrates that they fully comply with this Standard. This work has now been focused on the block contracts and the 36 establishments were requested to provide evidence before 9 May 2007.

Standard 7 (Care Planning) – Discussions are currently being held with Warwickshire Quality Partnership (WQP) to provide some targeted training in this area.

Standard 38 (Health and Safety) – Discussions are currently being held with Warwickshire Quality Partnership (WQP) to provide some targeted training in this area.

Next Steps

Ongoing monitoring of standards in establishments where Warwickshire County Council holds a block contract.

2.2.2 Recommendation 2

That discussions should take place with 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.

A report has been compiled regarding an initiative undertaken in Rugby to improve the management of medication in residential care. The report is to be presented at the Professional Executive Committee (PEC) on Wednesday 13 June 2007.

This report prepared for the PEC seeks to secure a joint approach to improve medication management in residential care and makes the following recommendations:

1. The PCT and Adult, Health and Community Services Directorate of Warwickshire County Council agree the following six principles for older people and their medicines:
 - Every individual has the right to an assessment to identify their care needs and such support as is necessary for the safe and appropriate use of his or her medicines.
 - Every individual has access to his or her medicines and is able to use them safely and appropriately.
 - Every individual and carer has access to high quality information from a health care professional about their medicines.
 - Health and social care organisations provide support for medicines use, in line with the principles of clinical governance and the national minimum standard.

- Individuals are entitled to receive coordinated care when moving between different care settings.
 - Every health and social care economy has a robust referral system to a pharmacist to ensure a consistent point of contact, communications network and signposting.
2. Further consideration be given by the newly formed Warwickshire PCT to evaluate the Rugby pilot.
 3. The review approach should be extended to all other rehabilitative settings in Warwickshire, (building upon findings of the Rugby pilot review), in order to provide the most effective method of providing medication within programmes of care on returning home.
 4. Target groups for assessment be identified including those in the community who are currently supported by domiciliary care agencies in the administration of medication.
 5. Further consideration be given to the use of the generic worker role in which care staff are trained in a range of health tasks.
 6. The PCT identifies key personnel to work in partnership with officers from the Adult, Health and Community Services Directorate to take forward actions to progress these recommendations.

An update as to progress and outcomes from the PEC meeting will be produced within the next review in six months.

2.2.3 Recommendation 3

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

The expectations of Warwickshire County Council and Warwickshire PCT in relation to quality of service is currently aligned, i.e. that all minimum care standards as published by the Secretary of State for Health under section 23(1) of the Care Standards Act 2000 are met. The current measure of meeting these standards being CSCI Inspection reports.

A new contract and specification template has been devised in liaison with Law and Governance which is focused on outcomes and quality requirements. All specifications are currently being adapted to this new template.

2.2.4 Recommendation 4

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

Please see update in relation to recommendation 2 above.

2.2.5 Recommendation 5

Report on actions taken to improve compliance with the medication standard and any information which is available at that time on current compliance levels.

Work with Warwickshire PCT has commenced to address the recommendation. Warwickshire PCT in conjunction with pharmacies and with the agreement of the provider will undertake an assessment of medication management. 40 homes have already taken up this service in Warwickshire and Warwickshire County Council/Warwickshire PCT may be able to assist in getting the other providers to register by 'contractual pressure' and publicity. In considering this standard the Adult Commissioning Unit have focused on block contracts that the Directorate currently hold which covers 26 establishments and provides care for approximately 800 people.

2.2.6 Recommendation 6

Report on compliance with the standards by Care Homes in Warwickshire, any improvement and/or training activity which has taken place, and the effectiveness of the new contract management protocols which are under development.

The Adult Commissioning Unit have compared the last two reports of 26 establishments (800 residents) for which it holds block contracts and identified four key areas where improvement in meeting minimum standards is required; medication (9), recruitment (29), care planning (7) and health & safety (38).

Medication – Work with Warwickshire PCT has commenced and information they hold will enable providers to meet this standard.

Recruitment – A second request for evidence for meeting this standard has been sent to block providers with a return date of 9 May 2007.

Care Planning/Health and Safety – Discussions are being held to ascertain whether Warwickshire Quality Partnership will be able to provide training in this area.

The process used in the benchmarking exercise and subsequent work will be used to form ongoing procurement and contract monitoring.

To reflect recent changes to the way in which the Commission for Social Care Inspection operates, leading to a much less intensive monitoring role, a new Contract Monitoring Team has been set up within the Adult Commissioning Unit as from April 2007. This new team is currently forging links with various stakeholders to help formulate new protocols for contract monitoring, which will be devised and implemented by September 2007.

2.2.7 Recommendation 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.

The last meeting between the Directorate and CSCI was held on 29 November 2006. Since then numerous attempts have been made to schedule meetings. However the restructuring of CSCI to regional offices has limited their capacity to meet. Attempts will continue to reschedule meetings.

CSCI were invited to attend Overview and Scrutiny Committee but are unable to provide representation. However, the following update has been provided by the Lead Inspector to inform Overview and Scrutiny Committee of CSCI's activity and interventions in the Local Residential Care market.

“All services that we rated poor have been subject to our regional improvement planning process during 2006/07. This information was shared with members of your commissioning team at an information sharing meeting held on 29 November 2006. It is intended to hold these meetings on a regular basis. The meeting planned for March 2007 was postponed due to the closure of our Leamington office, which was taking place at that time. A CSCI Officer will be contacting your commissioning colleagues to arrange a new date.

All services in Warwickshire where we had concerns about medication management had a specific inspection of medication management by our pharmacy inspector during 2006/07. This resulted in a number of statutory enforcement notices being served and some improvements being made. This is an area that continues to be a focus of our key inspections.

All services rated poor by us following a key inspection in 2007/08 will be required to produce an improvement plan which must detail what they are going to do about identified deficits and by when. This is a statutory obligation that regulated services must comply with. Failure to comply is likely to lead to prosecution. Improvement plans can be requested from any service and it is likely that they will also be requested from a number of services that we rate as adequate.

Later this year we will be introducing Annual Quality Assurance Assessments (AQAA). These are also a statutory duty for regulated services to complete and must identify what providers have done to meet any requirements made, how they involve service users and what quality developments they are planning/doing.

Your contracting team may wish to consider how to incorporate intelligence from these documents into your commissioning processes.

The Local Area Market Analyser (LAMA) will be available again this year and will give some insight into changes in performance against national minimum standards. We are currently expecting this to be available in June. I will ensure that the Strategic Director of Adult, Health and Community Services has a copy of the document when it is available.

At the end of 2006/07, all regulated services directly provided by Warwickshire County Council, other than The Lawns, were rated by us as good. We are aware of plans to develop The Lawns and address the outstanding environmental issues”.

2.2.8 **Recommendation 8**

That 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 its standards.

Feedback from actions to address Cabinet recommendations 1 in the action plan (section 2.2.1 of this report) will be given at the independent sector meeting and will include discussions around the Enhanced Quality Payments. The date of the next meeting is provisionally booked for 6 June 2007. Warwickshire Quality Partnership will be invited on an ongoing basis.

Discussions are being held with Warwickshire Quality Partnership to provide some targeted training in the areas identified as underperforming in CSCI minimum standards, medication (9), recruitment (29), care planning (7), and health & safety (38).

2.2.9 **Recommendation 9**

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

Warwickshire Quality Partnership in conjunction with Coventry and Warwickshire Partnership for Care (CWPfC) have organised a number of initiatives. The managers' cluster groups have discussed recruitment issues. Over 150 managers and supervisors from the Private, Voluntary and Independent (PVI) sector have attended “Recruitment and Selection” training offered by the Workforce Development Service through the Warwickshire Quality Partnership.

Warwickshire County Council, along with Coventry Social Services, fund the post of Career and Recruitment Officer within Coventry and Warwickshire Partnership for Care. Within six months of inception there is a thriving Care Ambassador scheme developing, and strong links developing with local secondary schools around social care and vocational education. In addition, a Social Care Career Pathways initiative has started to develop.

2.2.10 Recommendation 10

That the Strategic Director of Adult, Health and Community Services should explore whether the following suggested improvements can be implemented:

- *Some staff feel 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 “jobbers” 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.*
- *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.*

Head of Local Provider Services has met with Members to discuss these and other suggestions for improvements. Suggestions and ideas are being progressed via Local Provider Services Development Team. A further update will be provided in the next six-monthly report.

The Head of Local Provider Services has written to the provider identified by Members of the Select Committee requesting an update as to provision of a vehicle and feedback as to suggestions of utilising smaller, less conspicuous multi-purpose vehicles to improve the range of outings and activities. A response is awaited.

2.2.11 Recommendation 11

Warwickshire County Council and Warwickshire PCT 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.

Meeting currently being arranged with representation from newly formed Warwickshire PCT, Warwickshire Quality Partnership, and Trading Standards. Update will be provided in the next six-monthly review report.

2.2.12 Recommendation 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.

Directorate CHC lead identified.

PCT is undergoing restructure at the present time and is due to identify a Continuing Health Care lead within the next few weeks. Directorate's Continuing Health Care lead is proactively seeking a meeting and closely monitoring Warwickshire PCT's lead nomination process.

2.2.13 **Recommendation 13**

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

National guidelines are expected to be published in June 2007. Guidelines will include a decision support tool. Lead for CHC within Adult Social Care to liaise with PCT lead once appointed to produce jointly agreed protocols and procedures for agreeing CHC-RNCC and other effective arrangements.

2.2.14 **Recommendation 14**

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

Adult Social Care lead to work with Adult Commissioning Unit and lead within PCT to produce data incorporated into a report accessible to both partners, following publication of guidelines in June 2007.

2.2.15 **Recommendation 15**

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

Work has been completed identifying risks with respect to CHC and will be used to inform the Risk Register.

CHC lead liaising with Head of Resources to include the information in relation to CHC in the Directorate's Risk Register.

2.2.16 **Recommendation 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.

Adult Social Care lead to agree with PCT lead (once appointed) a range of information for users and carers, following the publication of guidelines in June 2007.

2.3 **Summary of Performance of In-House Residential Care**

From September 2006 to March 2007, CSCI conducted unannounced inspections within the ten Council-run Homes for Elderly People. The outcomes were as follows:

Out of a possible 380 individual standards, 246 were assessed across the ten Homes for Elderly People. Therefore, 134 standards were not assessed at all on this round of inspections.

- Ten standards were “not met” at the time of Inspection, eight in one home. All had immediate actions to effectively address Inspectors’ concerns.
- 51 standards were assessed as “almost met”.
- 183 standards were assessed as “met”.
- 3 standards were assessed as “standard exceeded”

Nine of the ten Homes for Elderly People were given an overall quality rating of “good” with one being deemed “adequate”.

All managers have received this information and are using it to assist with Team and Unit Plans. It will also be used to discuss shared common practice to assist those with “almost met” standards to improve with the benefit of those who have already “met” the standards.

2.4 Relevant Training and Development Update

2.4.1 National Minimum Standards

There are a number of areas where there are National Minimum Standards for Older People’s Residential Care, which require accredited training and qualifications.

a) Common Induction Standards (CIS)

New CIS, for people entering social care, became effective from 1 October 2006. Employees are required to undertake “induction” within 12 weeks of the date of their starting in their new roles.

There is a set of six standards as follows:

- Understanding principles of care
- Understanding the organisation and the role of the worker
- Maintaining safety at work
- Communicating effectively
- Recognising and responding to abuse and neglect
- Developing as a worker.

Skills Scan Tool – Workforce Development Service (WDS) have developed a “Skills Scan Tool”, which is available to in-house and Private, Voluntary and Independent (PVI) providers. This enables the manager to assess any existing knowledge and skills a new employee may have at the start of their induction.

CIS Workbooks – Induction workbooks are available (at a cost from Skills for Care) for organisations to use as a method of tracking and recording the employee’s progress against the standards. Responsibility for this rests with the manager. WDS is currently developing an accreditation process that will enable a central record of staff’s achievements and the organisation to issue a certificate to the employee.

Underpinning Knowledge and Skills Workshops – Four half-day workshops went live in January 2007, to support care staff with their induction (replacing a 3 x 1 day programme supporting the old standards).

In the last four months, the following numbers of staff have completed such workshops.

Module	Title	In-House	PVI
1	Principles of Care	7	22
2	Communication	3	30
3	Vulnerable Adults	10	9
4	Roles and Responsibilities of the Care Worker	1	13

b) National Vocational Qualifications

The National Minimum Standards require that 50% of social care staff in a registered establishment should hold the NVQ level 2 (or higher) in Social Care.

A range of underpinning knowledge programmes are available to support staff undertaking the NVQ. In the last 12 months, the following numbers of staff have completed.

Title of Programme	In-House	PVI
Death, Dying, Bereavement and Loss	16	21
Mental Health Awareness	29	4
Dementia Awareness	47	44
Stroke Awareness	33	9
Parkinson's Disease	43	0

Warwickshire Quality Partnership (WQP) and Coventry and Warwickshire Partnership for Care (CWPC) support providers with accessing training and funding for NVQ. In addition, Warwickshire County Council encourages the Residential Care Homes in the Private, Voluntary and Independent (PVI) sector who are contracted to provide residential care, on their behalf, to meet the NVQ standard, by enhancing the weekly rate by £4.00 where the home has 50% of its care staff holding NVQ 2 or higher.

The in-house provider has 365 care staff, 135 of whom hold NVQ 2 or higher (36.99%) with another 41 in progress (combined total = 48.22%).

c) Registered Managers Award

Each registered establishment requires a manager who has been accredited with the "Registered Managers Award". Of the 10 in-house providers, 9 have managers who hold the award and the other is in progress.

WDS offers a range of programmes to support managers and supervisors. In the last 12 months the following numbers of managers completed the

following programmes.

Title of Programme	In-House	PVI
Recording Skills for Managers	10	0
Managing Services Under Investigation	6	11
Race, Equality and Diversity Procedures	12	N/A
Equality and Diversity	32	N/A
Managing People in HEPs	18	N/A
Managing Performance	5	N/A
Personal Safety	4	0
Recruitment and Selection	N/A	19
Managing People for Improved Performance	N/A	26
Managing Conduct and Capability	N/A	20

Further Training and Development

WDS offer a further range of programmes for social care staff. In the last 12 months the following numbers of social care staff completed the programmes defined as essential by the in-house provider.

Title of Programme	In-House
Recording Skills	17
Medication Awareness	30
Equality and Diversity	249
Health and Safety Risk Assessment	16
Foundation in Food Hygiene	65
Safer People Handling Awareness – Practical	135
Safer People Handling Awareness – Hoisting	109
Safer People Handling Awareness – Theory	17
Safer People Handling Awareness – Combined	45
Infection Control	24
Fire Safety	318

3. Recommendation

- 3.1 It is recommended that the Adult and Community Services Overview and Scrutiny Committee consider the progress of actions to improve performance in respect of older people's residential care, and request a further update report in November 2007.

GRAEME BETTS
Strategic Director of Adult,
Health and Community
Services

Shire Hall
Warwick

May 2007

ACTION PLAN TO IMPROVE PERFORMANCE IN RESPECT TO OLDER PEOPLE'S RESIDENTIAL CARE

Recommendations to Cabinet	Action(s)	Lead	Timescale
1. That the Strategic Director of Adult, Health and Community Services should explore through discussions with CSCI and other Councils in high performing areas whether there are any particular initiatives that have had a measurable impact on improving standards in care homes which could be applied in Warwickshire.	<ul style="list-style-type: none"> • To undertake a benchmarking exercise with higher performing authorities • To feedback benchmarking outcomes to develop improvement plan with independent sector provision, in-house provision and Warwickshire Quality Partnership. • To incorporate feedback into contract and contract monitoring. 	Adult Commissioning Unit (ACU) ACU ACU	March 2007 Completed April 2007 May 2007 Completed May 2007 Commenced April 2007 and ongoing
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.	<ul style="list-style-type: none"> • To further explore the initiative undertaken in Rugby to improve the management of medication within residential care. • Director to take paper to PEC to seek agreement to develop initiative Countywide. 	Local Provider Unit Director of AH&CS	March 2007 Ongoing April 2007 To be taken to PEC meeting in June 2007
3. That the Council and the Warwickshire PCT as commissioners of service 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.	<ul style="list-style-type: none"> • To explore as a priority within Joint Commissioning Strategy the inclusion of outcome quality measures. • To develop action plan to enhance service specification to ensure quality of services. 	ACU ACU	March 2007 Awaiting outcome of PEC meeting June 2007 December 2007 Completed April 2007

Recommendations to Cabinet	Action(s)	Lead	Timescale
4. That the Council in consultation with the Warwickshire PCT should review its medication practice and guidance for both residential and domiciliary care settings.	<ul style="list-style-type: none"> • To further explore the initiative undertaken in Rugby between the Directorate and PCT to improve management of medication. • Director to take paper to PEC to seek agreement to develop initiative Countywide. 	<p>Local Provider Unit</p> <p>Director of AH&CS</p>	<p>March 2007 Awaiting outcome of PEC meeting June 2007</p> <p>April 2007 To be taken to PEC meeting in June 2007</p>
5. That the Adult and Community Services Overview and Scrutiny Committee receive a report in six months time on actions taken to improve compliance with the medication standard and any information which is available at that time on current compliance levels.	<ul style="list-style-type: none"> • To report progress in performance in respect to medication standards across the Local Residential Care sector to Members six monthly. 	ACU	Ongoing
6. That the Adult and Community Services Overview and Scrutiny Committee receive a report in 12 months time on compliance with the standards by Care Homes in Warwickshire, any improvement and/or training activity which has taken place, and the effectiveness of the new contract management protocols which are under development.	<ul style="list-style-type: none"> • To report progress in performance across all National Minimum Standards for the Local Residential Care Home sector (six monthly). • To report progress in the effective application of contract management protocols. 	<p>ACU</p> <p>ACU</p>	May 07 and then six monthly reporting commenced

Recommendations to Cabinet	Action(s)	Lead	Timescale
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.	<ul style="list-style-type: none"> • To schedule regular monitoring meetings with CSCI to explore how best practice is to be shared between regulated agencies, commissioners and providers to improve performance. 	ACU	November 2006 Commenced November 2006 and ongoing
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 its standards.	<ul style="list-style-type: none"> • To feedback outcomes of Action 1 (benchmarking) at a workshop and link to ongoing work regarding enhanced premiums for quality. • To ensure Warwickshire Quality Partnership continue to work proactively with commissioners to facilitate improvement of standards. 	ACU ACU	May 2007 Rescheduled to June 2007 Ongoing
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 a career progression scheme to improve recruitment and retention of staff.	<ul style="list-style-type: none"> • Warwickshire Quality Partnership sub group to review recruitment and retention issues, including scope for career progression, and make proposals to address findings. 	WQP	Ongoing
10. That the Strategic Director of Adult, Health and Community Services should explore whether the following suggested improvements can be implemented:	<ul style="list-style-type: none"> • To meet with: <ul style="list-style-type: none"> ➢ Cllr Marion Haywood ➢ Cllr Nina Knapman ➢ Cllr Josephine Compton ➢ Cllr Ian Smith 	Local Provider Service Unit	March 2007 Completed April 2007

Recommendations to Cabinet	Action(s)	Lead	Timescale
<p>Continued....</p> <ul style="list-style-type: none"> • Some staff feel 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 “jobbers” 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 • 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. 	<p>To get feedback to develop composite action plan for initiative for Council run care homes.</p>		
<p>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.</p>	<ul style="list-style-type: none"> • Warwickshire Quality Partnership to establish linkages with nutrition initiatives being undertaken by Trading Standards and similar expertise within PCT; ensuring learning is fed back to all care homes. 	WQP	September 2007

Recommendations to Cabinet	Action(s)	Lead	Timescale
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.	<ul style="list-style-type: none"> • To identify lead in Local Commissioning to work in partnership with health on continuing care issues. • To identify county lead in Warwickshire PCT to take forward continuing care issues. 	Local Commissioning	<p>March 2007 Completed</p> <p>March 2007 Rescheduled to June 2007</p>
13. That future arrangements for CHC-RNCC determinations should include effective arrangements for assurance on correct and consistent decisions and review.	<ul style="list-style-type: none"> • To develop an action plan to agree a joint approach to decision making and identify decision making tools in accordance with awaited national guidance with PCT. 	Local Commissioning	September 2007 On target
14. That CHC-RNCC should ensure data generation to ensure transparency, monitoring and information for strategic and operation commissioning.	<ul style="list-style-type: none"> • To agree with the PCT performance management approach to review effective decision making. • To agree with the PCT minimum data set to ensure transparency, monitoring and information for strategic and operational commissioning. 	Local Commissioning	<p>September 2007 On target</p> <p>September 2007 On target</p>
15. That CHC-RNCC should be included in the Directorate Strategic Risk Register.	<ul style="list-style-type: none"> • To ensure any identified risks are included in the Directorate Risk Register and appropriate contingencies agreed. 	Local Commissioning	September 2007 On target
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.	<ul style="list-style-type: none"> • To work in partnership with the PCT to ensure effective support and information is available for patients, users, carers and supporters. 	Local Commissioning	September 2007 On target

Briefing Note –Older People and Residential Care

Response from Commission for Social Care Inspection (CSCI)

All services that we rated poor have been subject to our regional improvement planning process during 06/07. This information was shared with members of your commissioning team at an information-sharing meeting held on 29/11/06. It is intended to hold these meetings on a regular basis. The meeting planned for March 2007 was postponed due the closure of our Leamington office, which was taking place at that time. Sue Houldey, Regulation Manager will be contacting your commissioning colleagues to arrange a new date.

All services in Warwickshire where we had concerns about medication management had a specific inspection of medication management by our pharmacy inspector during 2006/07. This resulted in a number of statutory enforcement notices being served and some improvements being made. This is an area that continues to be a focus of our key inspections.

All services rated poor by us following a key inspection in 07/08 will be required to produce an improvement plan which must detail what they are going to do about identified deficits and by when. This is a statutory obligation that regulated services must comply with. Failure to comply is likely to lead to prosecution. Improvement plans can be requested from any service and it is likely that they will also be requested from a number of services that we rate as adequate.

Later this year we will be introducing Annual Quality Assurance Assessments (AQAA). These are also a statutory duty for regulated services to complete and must identify what providers have done to meet any requirements made, how they involve service users and what quality developments they are planning / doing.

Your contracting team may wish to consider how to incorporate intelligence from these documents into your commissioning processes.

The Local Area Market Analyser (LAMA) will be available again this year and will give some insight into changes in performance against national minimum standards. We are currently expecting this to be available in June. I will ensure that Graeme Betts has a copy of the document when it is available.

At the end of 2006/07, all regulated services directly provided by Warwickshire County Council, other than The Lawns were rated by us as good. We are aware of plans to redevelop The Lawns and address the outstanding environmental issues.

In relation to LAMA's from high performing councils I suggest that you contact 3 star councils in your IPF group and ask them if they will share LAMA details for their area with you.