Appendix 1

Rotherham Metropolitan Borough Council

Scrutiny Workshop:
Adult Residential and Nursing Care Homes

Health Select Commission

April 2018

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1. Why Members wanted to undertake this scrutiny workshop

A Member seminar on 11 July 2017 focused on the powers of the Care Quality Commission (CQC) with regard to inspecting care homes. The CQC's ratings for Rotherham's independent sector residential and nursing care home provision for adults were also discussed. At that time four local care homes were rated as inadequate by the CQC – Byron Lodge, Meadow View, Queen's Care Centre and West Melton. The presentation at the seminar provided an overview of the main issues identified in each one, together with some general themes across the sector.

In order to improve quality, safety and effectiveness across registered services commissioned for adults by the Council and Rotherham Clinical Commissioning Group (RCCG), Members were informed that the partners had agreed to establish a new multi-agency Quality Board in the autumn of 2017.

Following the seminar, the Health Select Commission agreed to schedule a slot in their 2017-18 work programme to consider:

- progress made through the Quality Board in bringing about improvements
- the impact of the Care Home Support Service
- contract compliance and the latest position with regard to the four care homes

2. Method

A focused scrutiny workshop session was undertaken by the Health Select Commission in April 2018. Evidence comprised two detailed presentations, followed by discussion with the portfolio holder and officers from the Commissioning Service in the Adult Social Care, Housing and Public Health directorate.

Members would like to thank Cllr Roche, Nathan Atkinson, Jacqui Clark and Martin Hopkins for providing evidence for the spotlight review.

3. Background

3.1 Care Quality Commission

The CQC inspects care homes and rates them overall and on five domains (safe, caring, effective, well-led and responsive). The rating categories are "outstanding", "good", "requires improvement" or "inadequate". Special measures may be instigated following an unsatisfactory inspection or the CQC may change the registration status of the care home, including suspension or cancellation. The CQC may also issue requirement notices, warning notices, cautions or fines and may prosecute in cases where people are harmed or placed in danger of harm. CQC inspections may be announced or unannounced.

The CQC has statutory powers to:

- Protect people from harm and make sure that they receive care that meets the standards that people have a right to expect
- Make sure services improve if the standard of care they provide has fallen below acceptable levels
- Hold care providers and managers to account for failures in how care is provided

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All care homes, local authority or private sector, must be registered with the CQC. The actual registration is with a "nominated individual" who is usually the Care Home Manager, therefore staff leaving may impact on the registration and on the whole care home. The CQC have to be notified if the nominated individual leaves. If there are issues within one care home of a multiple care home provider, the CQC are likely to look at their others.

3.2 Transformation of the Care Home Sector

This is an important element in the development of the integrated locality model of care, which is one of the priorities in the Rotherham Integrated Health and Care Place Plan. Principal drivers for health and social care include reducing hospital admissions, reducing patient length of stay in hospital, and having fewer permanent admissions to residential care, through more community-based care and closer working across health and social care. Approximately 15-18% of emergency hospital admissions are from care homes, with patients also tending to have a longer length of stay in hospital, in part reflecting that these are often frail, elderly patients. Working with the care home sector, including support to train and upskill staff, is important to drive up standards for care and to try and reduce demand for secondary care.

4. Rotherham Context

RMBC contracts with 35 independent sector care homes for adults aged 65+, with 1,709 beds available for residential care and nursing care, including residential and nursing places for people with dementia. At April 2018 19 were rated as good, 14 as requires improvement, one as inadequate, with one still to be inspected by the CQC.

Rotherham has 700 more beds than comparator local authorities but most are residential beds and there is a shortage of nursing beds due to a number of homes deregistering from providing nursing care and becoming solely residential care homes. Greater availability of nursing beds could assist in reducing demand for acute services, by potentially reducing hospital admissions and facilitating discharge back to the care home after an inpatient stay once the patient was well enough.

It is cheaper to run residential care homes than nursing care homes, although fees received are higher for the latter. The national shortage of nurses compounds the problem as care homes have to go to agencies when recruiting, leading to increased costs and an impact on the quality of care through lack of care continuity and staff not knowing the residents as well as permanent staff would do. Therefore affording, attracting and retaining staff will be vital in the care home sector.

5. Findings

5.1 Key Themes

Several key themes have been identified by partners to focus on to drive improvements across the care home sector and the HSC wished to explore in more detail what was being planned to address the challenges.

Governance
A lack of governance by senior managers or care home owners often leads to a poor CQC rating on the well-led domain. Concerns in this domain would include a lack of oversight and supervision, poor processes, failure to learn from complaints or incidents and improve,

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and a lack of robust audits. Good systems and processes tend to result in good quality care.

Management
The inability of some care homes to keep a Registered Manager causes instability and results in issues in care homes, especially when care is very complex.

Operational Issues
CQC inspections cover a range of care aspects including care planning and recording, assessment of risk, safe medication management, infection prevention and control, falls prevention, safeguarding, and understanding and application of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staffing and training issues are often linked to failings in these areas, exacerbated by a lack of governance and/or a good manager. These are some of the areas where the Clinical Quality Advisor (CQA) and Care Home Support Service (CHSS) will work with the care homes (see 5.4).

Finances
The State of Adult Social Care Services Report published in July 2017 stated that smaller services, designed to care for fewer people, tend to be better rated than larger services. From a financial perspective, large establishments tend to be more viable but this also means a greater challenge to deal with any issues that do arise. Members asked questions about financial risk and were assured that the financial risk of providers is looked at when awarding and monitoring contracts. Some are national or international companies so it may be difficult to track their finances, but others are small local businesses. Contracts are revisited if a provider is in default, with financial information, annual accounts and credit checks all used, together with relationship management, to determine viability.

Workforce
Two issues have already been mentioned, namely problems caused by frequent turnover of Registered Managers and the shortage of nurses leading to use of agency staff to fill vacancies. Recruitment and retention of other staff with few people aged under 40 working in the sector and a lack of career progression are other matters for the sector to address. Members inquired about staffing levels in care homes and officers confirmed there were no fixed staffing ratios even when in special measures.

In terms of addressing some of the other workforce challenges, the development of new job roles including blended roles/integrated roles has led to dialogue with Rotherham College about the syllabus. Apprenticeship pathways are also under discussion. Student placements in care homes are being considered but there are questions regarding appropriateness and Disclosure and Barring Service issues.

Members probed into training for care home staff and it was clarified that providers purchase their own training from independent sources although some bespoke training can be delivered by the CQA or CHSS (see 5.4). The workforce development plan for adult social care includes the independent sector, not only RMBC staff, and has multiple levels including leadership development (more for the smaller care homes). A decent offer is in place but take up can be hit and miss and there may be operational issues if someone is released for training and backfill needed. Some training is funded by RMBC and some through third party funding. As providers are facing challenges with their revenue streams, with uplifts agreed to help offset the impact of the Living Wage, training is something else that can be offered to them.

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HSC viewed staff training and implementation of that training in people's job as another key aspect in raising safety and quality standards, such as moving and handling, medication management, awareness of safeguarding, and preventing falls and pressure ulcers.

5.2 Quality Board

The multi-agency board comprising representatives from the CQC, RCCG, Safeguarding, Public Health and RMBC Strategic Commissioning has been meeting regularly since September 2017. It is a proactive forum for information sharing and collaboration, providing:

- a shared view of risks to quality through sharing intelligence
- an early warning mechanism of risk about poor quality
- opportunities to coordinate actions to drive improvement
- ongoing strategic and operational liaison between organisations
- a conduit between the statutory bodies and the provider market

Leadership Academy

In light of the issues raised above in 5.1 the Board has a strong focus on addressing governance and management issues in care homes. One of the workstreams will be the Leadership Academy, learning from the work undertaken in Leeds City Council on workforce development, which will be integral to driving improvements in the quality of services. The Quality Board will work with the sector to develop the leadership academy jointly. Activity will include:

- consultancy to identify needs and ongoing support
- masterclasses and workshops
- programmes and qualifications
- Registered Managers Network – coaching/buddying/mentoring/action learning
- resources and toolkits such as Skills for Care, e-learning

Quality Matters Initiative

This initiative has been developed by the Department of Health and the CQC with a range of partners including NHS England and Healthwatch. The intention is to promote quality, support and encourage improvement, and co-ordinate action with a focus on six priorities that will support the seven steps to improvement (see Appendix 1). The Quality Board will develop a similar initiative to the one being taken forward in Leeds, engaging with partners and providers. A time specific action plan will be developed to take forward various initiatives, but this work is still at an early stage.

In addition to the two major projects above the Board meetings include the following issues as standard agenda items:

- Contract Monitoring and enforcement action reports
- Infection Prevention and Control
- Continuing Health Care/Funded Nursing care services
- Care Quality Commission intelligence reports
- Market sustainability

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5.3 RMBC Contract Compliance Team

The team is based within Commissioning in the Adult Social Care, Housing and Public Health directorate and is responsible for monitoring delivery of contractual requirements for a number of services, including care homes. They undertake routine visits to care homes annually and are usually the first officers to go into a care home if any issues emerge, including a change of manager or high level of staff turnover, so it is risk-led. They share information and local intelligence with the CQC and health partners, which may originate from frontline social workers, the public or the police. If a provider is not complying with their contract a default notice may be issued. (See also 5.4.)

Provider Risk Matrix Toolkit
This toolkit was developed in-house by RMBC and has been shared with other local authorities. It collates information from the Liquid Logic database and produces weighted scores leading to a cumulative score and red-amber-green (RAG) rating for a service provider. If a care home has several contract issues it will be rated as amber and CCT activity is then based on preventing escalation to a worse rating. A red rating means compliance issues probably already exist. This toolkit enables the service to be flexible and proactive, without duplicating the work of the CQC, adding value and being person-centred to focus on achieving good outcomes for residents.

5.4 Care Home Support Service

RCCG commissions this service which is delivered by The Rotherham Foundation Trust. The team consists of occupational therapists, the nursing Clinical Quality Advisor (see below) and support workers who work in partnership with a care home's GP to support the care of residents at high risk of admission or readmission to hospital. Residents who have been admitted to hospital and are awaiting discharge are also supported by the CHSS, as are patients admitted to hospital with a fragility fracture, fractured neck of femur or falls related injury. This work helps to reduce demand for secondary care as stated above in 3.2. In addition to working with these specific groups, the service is looking to improve overall care in both nursing and residential care homes and to improve end of life care.

The CHSS has provided structured education sessions for care home staff and training and awareness sessions to health and social care colleagues to raise the profile of the service and highlight the needs and challenges of those living and working in care homes.

Clinical Quality Advisor (CQA)
Members welcomed the successful appointment to the CQA role of an experienced nurse and former care home manager who facilitates liaison between other staff in the CHSS with the CCT and will escalate concerns to relevant partners. The focus of the role is to provide clinical expertise, support and assistance ensuring services are consistent and meet required standards. Where improvements are needed the CQA identifies ways of addressing this through training, action planning and organising delivery of bespoke training for care home staff. In addition to visits to care homes and carrying out safe and well checks the CQA has identified areas for improvement in care quality and documentation and has worked closely with the CCT to drive improvements.

5.5 Potential Actions with Care Homes

An adverse CQC inspection or an issue with a particular provider often results in a multi-agency response involving RMBC and health, as well as liaison with the CQC. The CQC

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has statutory powers and potential actions as outlined briefly in section 3.1 and following an unsatisfactory inspection the subsequent re-inspection will often be unannounced. On extremely rare occasions a 72-hour closure notice could be issued.

In contrast, RMBC's actual powers are quite limited and mainly revolve around issuing a contract default, for failure to meet a legal commitment, which may be accompanied by a suspension (voluntary or imposed) on any new RMBC placements. Following a contract default, providers are usually given six weeks to improve. A strong evidence base would be used before terminating a contract although a provider could mount a legal challenge, sue and seek compensation.

Other potential actions include:

- Contract Compliance Officers (CCO) undertaking additional visits to care homes – these can be daily initially scaling down in frequency to weekly, fortnightly then monthly as the risk rating on the matrix reduces.
- Specific actions may be undertaken by Commissioning, Safeguarding or Independent Living Support officers as well as by CCO.
- If the care home has a special measures improvement plan the CCO will monitor this to ensure improvements to practice become embedded.
- Undertaking a dementia friendly environment assessment - resulting in an improvement plan.

Activities undertaken by health, especially by the CQA and CHSS, will include safe and well checks; providing training and support; undertaking assessments; and regular visits from the CQA, both planned and unannounced.

A provider will be expected to work on improvement action plans, their own and those of RMBC and CQC. They may also be required to produce regular quality assurance audits or clinical audits, or a health and safety inspection report, depending on the nature of the issues. Given the central role of a Care Home Manager as the nominated individual with the CQC, if a person leaves their post recruitment of a new manager should be a priority.

Members explored reasons why care homes could have been a persistent cause for concern over a period of time despite the CQC inspection regime and contract management by RMBC. This was attributed to some providers taking immediate actions to improve following an unfavourable inspection/contract default but failing to embed the changes over time and slipping back. Officers assured HSC that every effort is made to work with providers but some are more willing to engage and to sustain improvements made in the short term as an immediate response to inspection than others. Special measures improvement plan actions being carried out may lead to a default being lifted but it can drag on. RMBC also has to wait for CQC activity, including re-inspections to be completed. Following CQC action and a notice of proposal to deregister a care home there is often an appeal by providers and this adds to time delays in resolving a situation as it is quite a protracted process.

5.6 Update on Specific Care Homes

A detailed overview about the current situation (as at April 2018) regarding each of the four care homes referred to earlier was presented to HSC. This included a timeline summarising the key activities undertaken by the providers and by RMBC, CQC and health between April 2017 and March 2018. Specific detail has not been included in this

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report for reasons of confidentiality, although CQC ratings and inspection reports are in the public domain on their website.

Members were reassured by the actions taken by the CQC, RMBC and health to address the issues in the care homes and to ensure the wellbeing of residents. Some of the homes had made good progress in rectifying their previous problems and achieved an improved rating in their subsequent CQC re-inspection, but the key was to ensure this was sustained and improved further over time. The Commission also felt it would be helpful if Members were briefed on issues relating to care homes in their respective wards, so they could respond to any questions from members of the public from an informed position.

6. Conclusions

Members were concerned by the fluctuating performance of providers, some over a period of time, but recognised the limitations on what could be done by RMBC until CQC activity had concluded. Any suspension of new placements, especially in nursing care providers is likely to impact on capacity in the system as nursing beds are already in short supply and may also impact on the financial viability of the provider. If a care home closes for any reason, financial or otherwise, a major piece of work results to move the residents to alternative care homes, which for frail and elderly people would be a major upheaval.

With the focus on reducing hospital admissions and reducing lengths of stay by enabling people to be discharged once medically well enough, it is vital that Rotherham's residential and nursing care provision is safe, well managed and with a competent, skilled workforce. The Care Home Support Service and expertise of the Clinical Quality Advisor are already starting to drive up standards and Members anticipate this will lead to further improvements across the sector.

The work of the Quality Board to drive improvements and its intentions around participation in the Quality Matters initiative and development of the Leadership Academy, learning from good practice elsewhere, will tackle the absence of governance and leadership. In particular being able to retain experienced and suitable Registered Managers in care homes and reducing turnover is critical.

Positive partnership working is the key with a need to involve providers as well as other agencies to gain commitment and buy-in.

7. Recommendations

HSC members to add to these already discussed.

1) That briefings should be provided for ward members on issues relating to any care home in their ward at an early stage.

2) That Rotherham MBC Officers liaise with the Care Quality Commission regularly around Registered Managers in care homes to identify any potential concerns.

8. Background papers

Notes and presentations from HSC spotlight session held in April 2018
Presentation from Member Seminar in July 2017
Information from Care Quality Commission website www.cqc.org.uk
Rotherham Integrated Health and Care Place Plan
HSC minutes September 2016
Adult Social Care Quality Matters
www.gov.uk/government/publications/adult-social-care-quality-matters

Glossary

CCO	Contract Compliance Officer
CCT	Contract Compliance Team
CHSS	Care Home Support Service
CQA	Care Quality Advisor
CQC	Care Quality Commission
HSC	Health Select Commission
RCCG	Rotherham Clinical Commissioning Group
RMBC	Rotherham Metropolitan Borough Council

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Appendix 1 **Adult Social Care Quality Matters Initiative**

Six Priorities

1. Acting on feedback, concerns and compliments
2. Measuring, collecting and using data more effectively
3. Commissioning for better outcomes
4. Better support for improvement
5. Shared focus areas for improvement
6. Improving the profile of adult social care

Seven Steps for the Quality Board and Providers

1. Setting clear direction and priorities based on evidence including the views of people using services, their families, carers and staff
2. Bringing clarity to quality, setting standards for what high quality care looks like across all health and care settings
3. Measuring and publishing quality, harnessing information to improve the quality of care through performance and quality reporting systems
4. Recognising and rewarding quality by celebrating and sharing good and outstanding care
5. Maintaining and safeguarding quality by working together to sustain good quality care, reduce risk and protect people from harm
6. Building capability by improving leadership, management, professional and institutional culture, skills and behaviours to assure quality and sustain improvement
7. Staying ahead, by developing research, innovation and planning to provide progressive, high-quality care

Adult Social Care Quality Matters
www.gov.uk/government/publications/adult-social-care-quality-matters

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