

## Cabinet's Response to Scrutiny Workshop: Adult Residential and Nursing Care Homes

| <b>Recommendation</b>  | <b>Cabinet Decision</b><br><i>(Accepted/<br/>Rejected/<br/>Deferred)</i> | <b>Cabinet Response</b><br><i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>  | <b>Officer Responsible</b>  | <b>Action by (Date)</b> |
|--|--|--|---|-------------------------|
| 1) That briefings should be provided for Ward members on issues relating to any care home in their ward at an early stage.                           | Accepted   | Officers have for some time liaised with Ward members over issues in Care homes. Briefings to Ward members where deviation from quality and regulatory standards are prepared for the Strategic Director of Adult Care, Housing and Public Health and disseminated to Ward members where appropriate. The process of termination of a care home contract due to quality concerns was recently discussed with Ward members, as was the provider led closure of another care home. Ward members were advised of the process and procedures to be undertaken and their queries were addressed at a dedicated meeting. | Nathan Atkinson<br>(Assistant Director, Strategic Commissioning)          | On-going requirement    |
| 2) That RMBC Officers liaise with the Care Quality Commission regularly around Registered Managers in care homes to identify any potential concerns. | Accepted   | The recommendation reaffirms activity already conducted by Officers. The Care Quality Commission's (CQC) Inspection Manager attends the Quality Board and CQC inspectors meet with the Principal Contracts Officer on a 6 weekly basis. Contract Compliance Officers (CCOs) liaise regularly with CQC Inspectors and discuss a number of issues which arise around registered managers. CCOs meet with registered managers at least six monthly to discuss quality and contract compliance.  | Jacqui Clark<br>(Head of Prevention and Early Intervention Commissioning) | On-going requirement    |

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| 3) That all care homes be encouraged to work with the Care Home Support Service and Clinical Quality Advisor to raise standards. | Accepted   | <p>The recommendations reiterate the need to continue with a multi-agency response. The Clinical Quality Advisor, though an NHS employee, is an active member of the Contract Compliance Team and supports Quality Assurance Framework activity. She is part of the multidisciplinary team (MDT) that works collaboratively to consider issues that arise in care homes in particular that relate to health.</p> <p>The Clinical Quality Advisor has been instrumental for example in medication audits and tissue viability issues that arise and she was part of the MDT involved in the Special Measures Improvement Plan that led to the termination of the contract with two care homes. She also carries out training to increase skills in care planning, pressure area care, Malnutrition Universal Screening Tool and Moving and Handling and use of Equipment.</p> <p>Providers are actively encouraged to embrace this offer and any reluctance to engage informs soft intelligence to feed into the provider risk matrix.</p> | Jacqui Clark<br>(Head of Prevention and Early Intervention Commissioning) | On-going requirement    |
| 4) That all care home staff be encouraged to attend training sessions and that the take up and impact of training be monitored.  | Accepted   | The Council has had a long standing commitment to supporting the independent sector with training, and this recommendation endorses that approach. Training schedules of the staff working in care homes are monitored by the Contract Compliance Officers.   | Jacqui Clark<br>(Head of Prevention and Early Intervention Commissioning) | On-going requirement    |

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|                       |  | <p>Care Home managers provide their training matrix to be verified by the CCOs. This identifies the training undertaken by staff including mandatory training i.e. Safeguarding, Medication Management, Moving and Handling, Mental Capacity Act. Specialist training also undertaken i.e. Caring for people who experience the symptoms of dementia is identified.</p> <p>Training that is due/overdue is also monitored. Where it is considered that the care home falls short in certain aspects of care then the training of staff is taken into account.</p> <p>Providers are expected to pay staff to attend training and many employ their own trainers via independent training organisations and utilise Skills for Care – a workforce development body for social care in England.</p> <p>A recent audit was carried out in respect of training undertaken in Dignity Challenge – Providers appoint champions – who are staff with enhanced knowledge or skills in certain areas who can support and advise staff. CCOs also examine evidence of good practice, team meeting minutes, care plans, customer experience surveys, resident activities etc. These audits inform the provider risk matrix score.</p> |                            |                         |