

Adults 65+ Residential/Nursing Care Homes

Health Select Commission - Quality Review

4 June 2020

www.rotherham.gov.uk

Rotherham
Metropolitan
Borough Council 

Context

- 36 Care Homes (Adults 65+) including 2 in-house
- 2 - market exits since 2018 Greasbrough Nursing and Residential Home (contract termination-poor quality)
Clifton Meadows (business decision)
- 3 - market entries - Jubilee - Greasbrough, Roche Abbey - Maltby, Clifton Meadows - Clifton
- Bed capacity 1849 (including in-house/temporary beds)
- 483 Vacant – 26% on 22nd May 2020

General Residential	General Nursing	Dementia Residential	Dementia Nursing
164	92	171	56



Current Position

- Only 48% placements funded by the Council
- 22% of beds occupied by self-funding residents
- 30% from out of borough
- 50% charge a top up fee (10% in 2015/16)
- Demographic is changing, with the average age entering care increasing to 85 years (83 in 2015/16).
- The average length of stay is 2-3 years (3-4 years in 2015/16).
- Increase occupancy in Nursing type provision (90% occupancy) - people living longer - complex needs
- Market expansion in nursing beds 92 beds and 20 temporary (Covid-19)
- 11% increase in vacancy factor since Covid-19

Challenges to Care Homes due to Covid-19

- Initial challenges at the start of the pandemic:
 - Implementation of the 3 hour discharge process from hospital
 - lack of testing for staff and residents
 - high rates of staff absence
 - lack of PPE
 - care home deaths not being captured in the national data
 - frequently changing guidance regarding outbreaks, PPE use and infection control
- Challenges now are:
 - implementing the new testing regime
 - high levels of voids
 - limited self funder market
 - longer term financial viability of care homes
 - ensuring that support extends beyond older people (current national guidance limits primary action to this group)



Additional Support due to Covid-19

- Named Council lead officer - Contract Compliance Team and Public Health Officers
- Clinical lead - GP - Community Health Team
- Clinical Contract Quality Officer – Care Home Liaison Service (NHSRFT)
- Staff testing
- Whole home testing for staff and residents
- Supply of PPE
- Council's website - bespoke section for providers i.e. web form to request PPE/information/support/resources
- Rotherham Skills Academy to meet their immediate recruitment and training needs for adult social care workers
- CQC - Emergency Support Framework - collaboration



Additional Support due to Covid-19 con...

- Training package based on Public Health England guidance for PPE, Infection Prevention and Control and Covid-19 swabbing/testing
- Sheffield University provided 35 sim enabled phones to enable video calling – residents/family
- Multi-disciplinary team clinicians/Public Health/commissioning video conferencing
- “Listening Ear” service – bereavement support
- Payment £15,000 to support additional expenditure incurred as a result of Covid-19
- £100,000 contingency fund
- Infection Control Fund – £2.3m grant for all CQC registered care homes in the borough (all age - 84 in total)



Whole Care Home Testing

- 10 May 2020 - the national digital portal was launched to support all care homes to be tested by June 2020.
- The Director of Public Health, CCG Chief Nurse and the Director of Adult Care Services were tasked with supporting testing across Rotherham.
- Care home testing will be prioritised according to risk i.e. where there is an outbreak or where staff absence is problematic.
- All older people's care homes across Rotherham will be included regardless of the source of their funding.
- The Director of Public Health will be referring care homes to NHS England for testing on a weekly basis as per NHS England's directive.
- Local needs will be captured via a daily tracker.
- An evidence-based methodology informs who is prioritised for testing and support:
 - size of the care home
 - numbers of staff
 - whether the care home is nursing or residential
 - current staff sickness rates
 - current bed occupancy
 - current infection rates and presence of Covid 19
 - testing already undertaken of residents and staff (if this is the case)
 - geographical areas to take advantage of mutual aid where possible



CQC Ratings

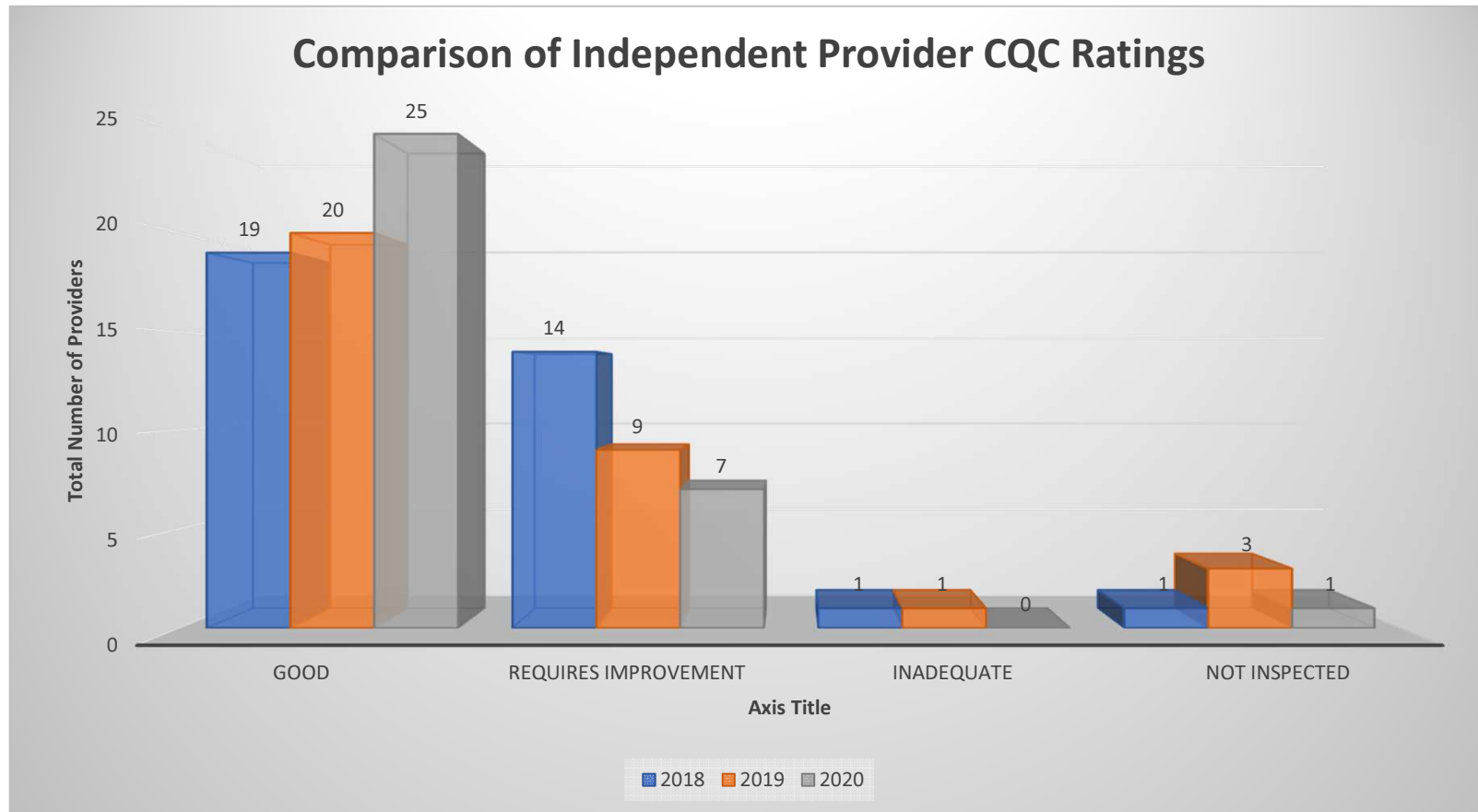
As of 1 March 2020:

Rating	Number of Homes Rated	%
Good	25	75.76%
Requires Improvement	7	21.21%
Inadequate	0*	0%
Not Inspected	1 Jubilee Court	3.03%
Total	33	100%

- Due to a legal challenge with CQC by the proprietor Greasbrough Nursing and Residential Care Home remains rated Inadequate on the CQC website.

Comparison of CQC ratings

The graph below indicates that between the two reporting periods the number of providers in Rotherham rated Good overall by CQC has increased by 18.3%, those rated as Requires Improvement has decreased by 15.76% and those rated as Inadequate have decreased by 2.86%



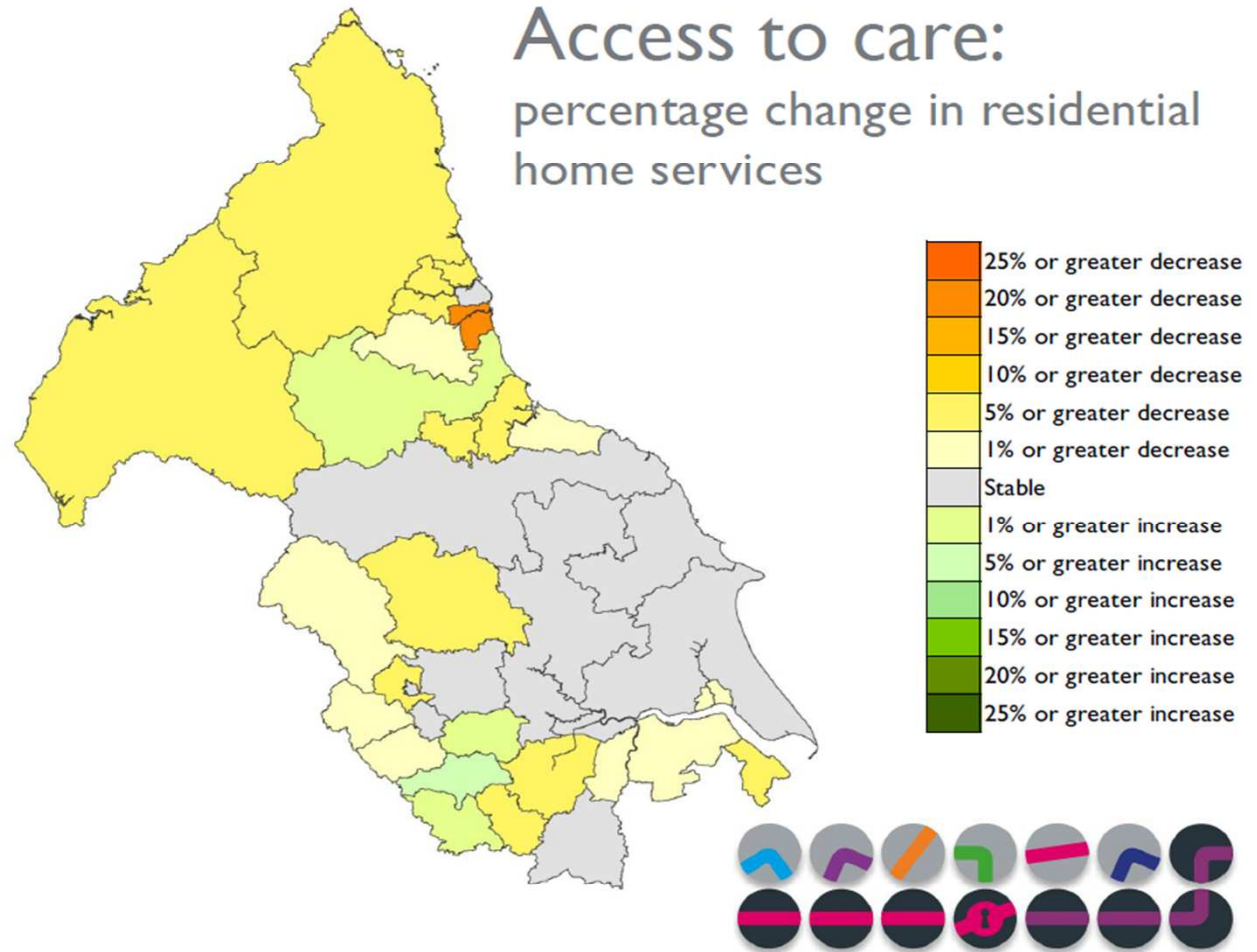
Regional Picture - % of Adult Care Homes rated Inadequate or Requires Improvement

Local Authority	Jan-17
•Doncaster	18.20%
•East Riding	22.00%
•Rotherham	23.30%
•City of Kingston upon Hull	24.10%
•North Yorkshire	24.20%
•North Lincolnshire	25.50%
•North East Lincolnshire	32%
•Sheffield	32.70%
•Barnsley	36.70%
•Leeds	39.50%
•York	39.50%
•Kirklees	39.70%
•Calderdale	43.10%
•Wakefield	46%
•Bradford	46.50%

Local Authority	Jan-19
•York	11.10%
•Rotherham	17.30%
•East Riding	17.40%
•North Lincolnshire	17.40%
•North East Lincolnshire	17.40%
•Doncaster	17.70%
•North Yorkshire	19.70%
•Sheffield	20.50%
•Leeds	23.30%
•City of Kingston upon Hull	24.70%
•Wakefield	28.10%
•Bradford	31.90%
•Kirklees	33.10%
•Calderdale	34%
•Barnsley	35.40%

Source- *Independent Age: Care Home Performance Across England*-January 2017 & January 2019

Access to care: percentage change in residential home services

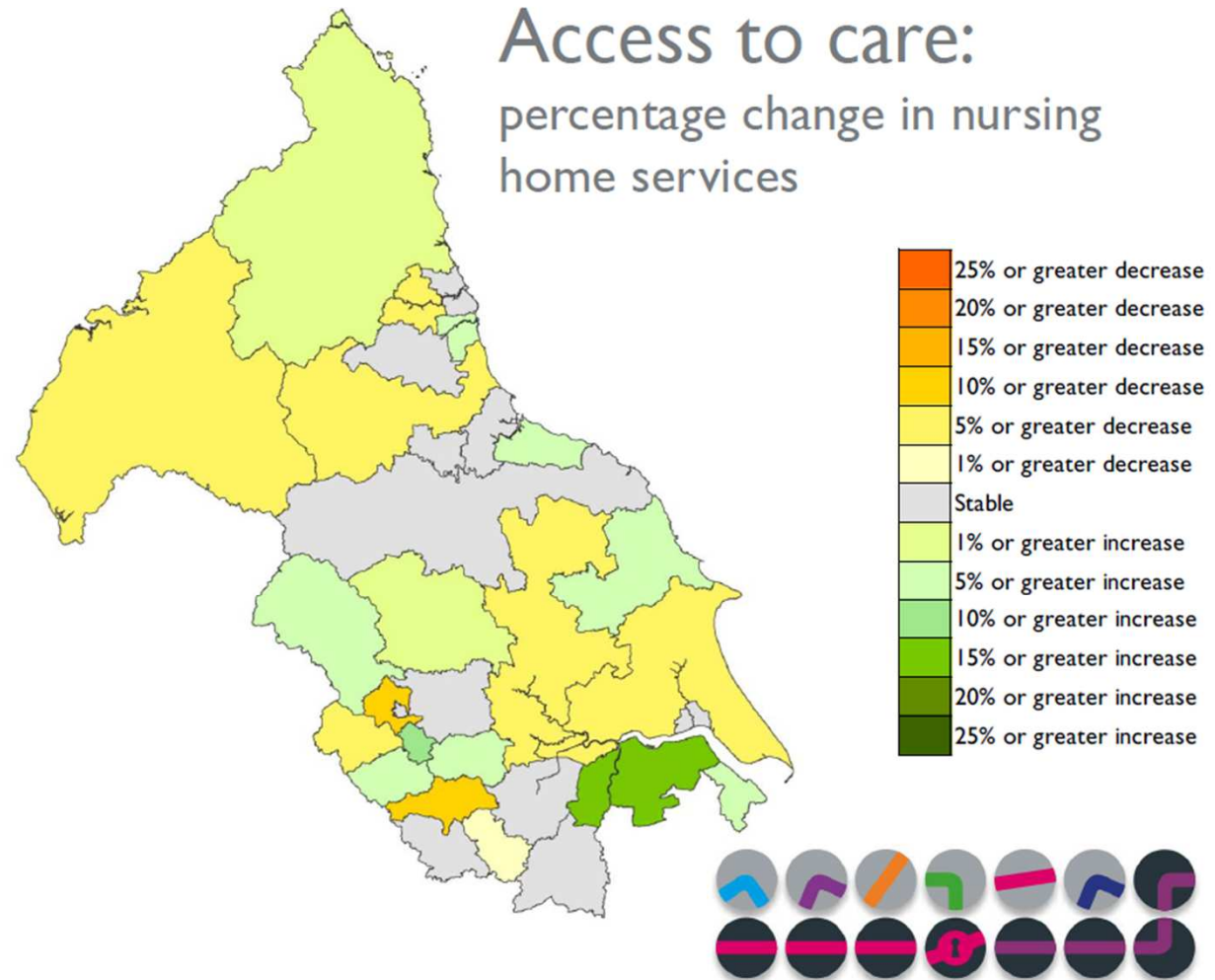


Source: CQC HSCA register April 2018 to August 2019

Rotherham figures indicate a 5% or greater decrease in the number of people accessing Residential Care



Access to care: percentage change in nursing home services

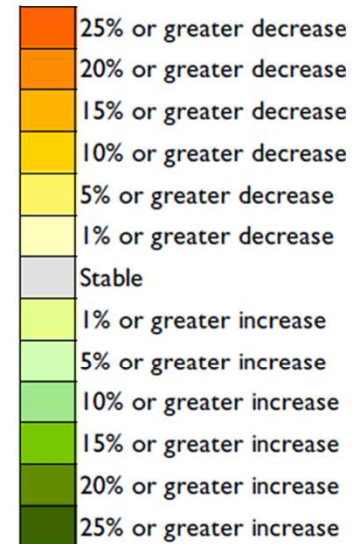
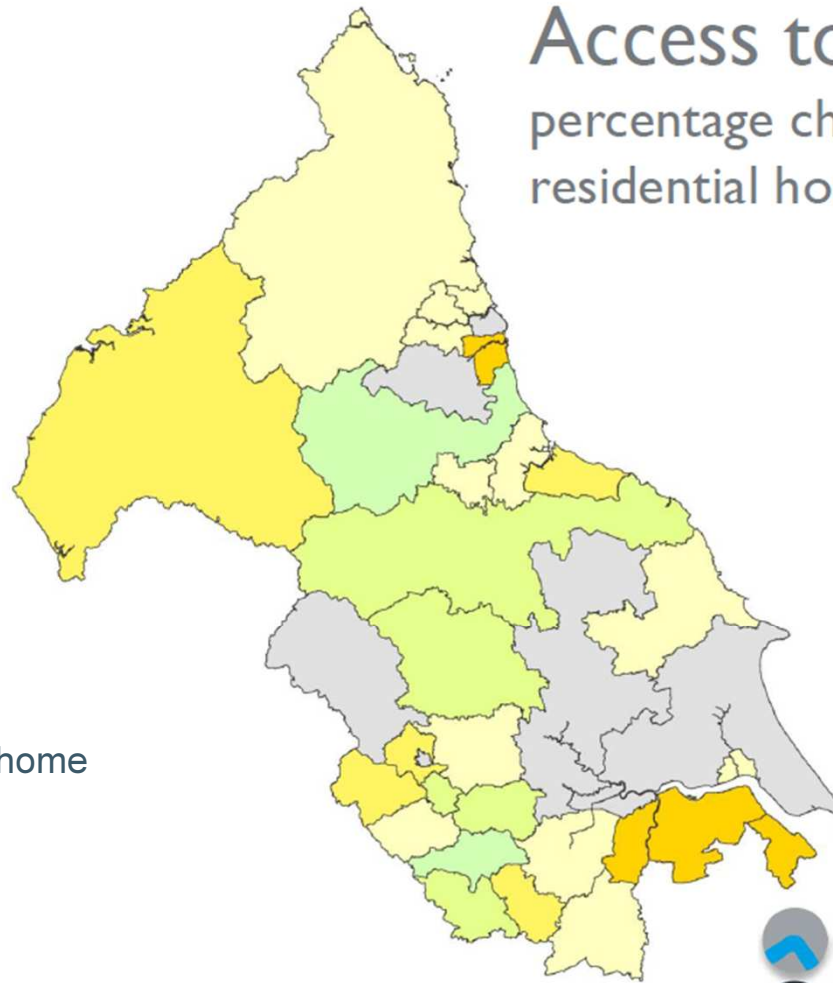


Source: CQC HSCA register April 2018 to August 2019

Rotherham figures indicate a 1% or greater decrease in the number of people accessing Nursing Care



Access to care: percentage change in residential home beds



Rotherham Residential home
closures:
Greasbrough
Clifton Meadows



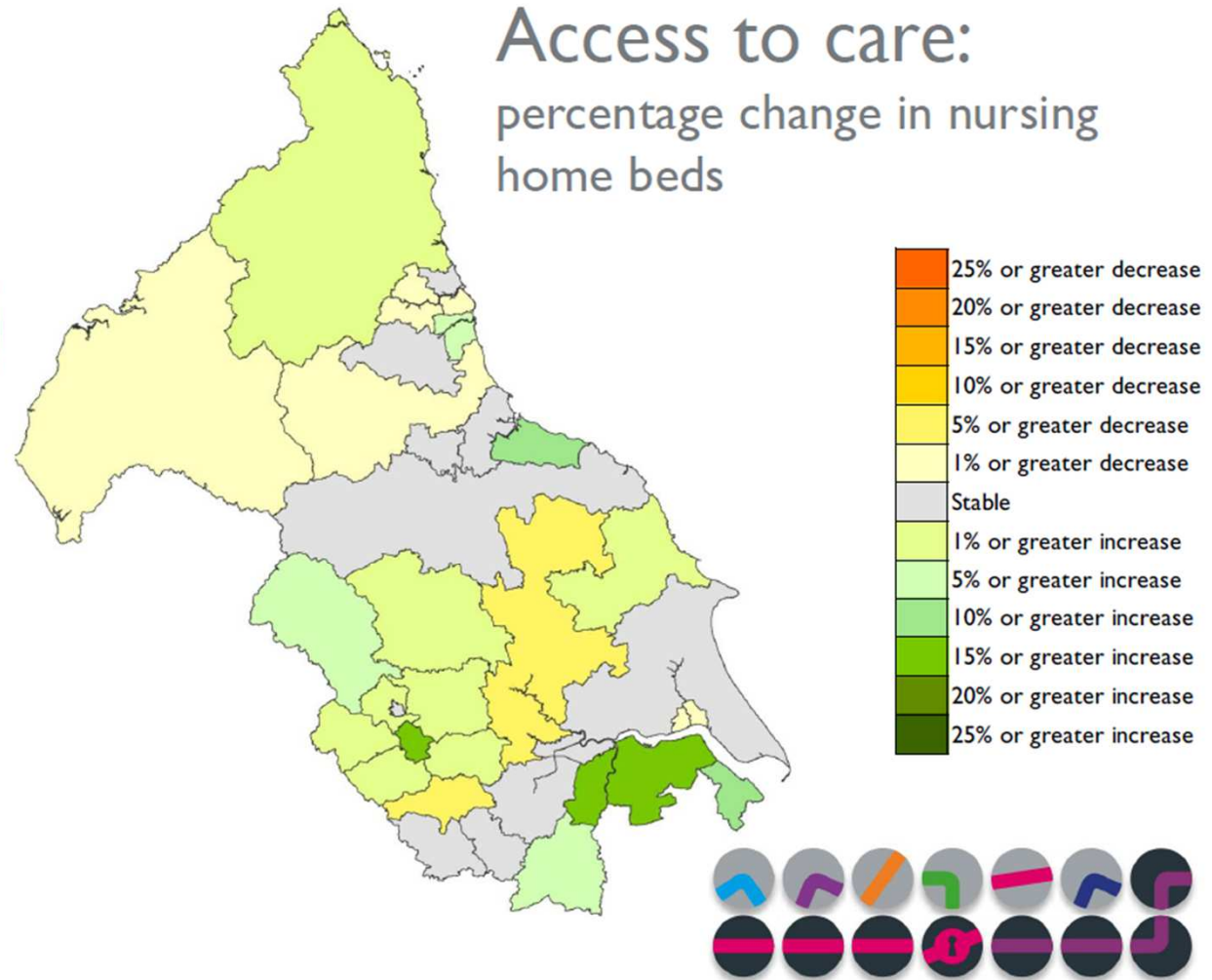
Source: CQC HSCA register April 2018 to August 2019

Rotherham figures indicate the a 5% or greater decrease in the number of residential beds available in the Borough



State of Care 2018/19
The number of residential and nursing home beds has steadily fallen in all regions over the last five years.

Access to care: percentage change in nursing home beds



Source: CQC HSCA register April 2018 to August 2019

Rotherham figures indicate the number of Nursing beds available in the Borough remains stable

The Care Home of the Future

- Care home market is essential where it is not appropriate or safe for a person to remain in their own home.
- Shift in market to facilitate hospital admission avoidance, discharge and flow to contribute to managing year-round pressures/demand through the provision of intermediate care, reablement and winter pressure beds from the independent sector.
- To develop more effective community multi-disciplinary working to support people to be at home for longer (or following hospital discharge), based on the philosophy of 'Home First'
- Prevention and early intervention with a recovery model of reablement and rehabilitation for all age groups



Approach to Quality

- Healthwatch - Citizens Advice Rotherham and District
- RMBC - Public Mental Health and Emotional Wellbeing COVID 19.
- TRFT - Patient Experience Group.
- Rotherham Safeguarding Adults Board.
- Health & Wellbeing Board.
- Rotherham Advocacy Service – Absolute Advocacy: canvas independent views on health and social care in addition to advocacy
- Meet people 1:1 group sessions, surgeries, attend events, use social media and technology.



Quality Strategy

Making it Real - people with care, treatment and support needs:

- Six themes to reflect the most important elements of personalised care and support.
- 'I statements' that describe what good looks like from an individual perspective.
- 'We statements' that express what organisations should be doing to make sure people's actual experience of care and support lives up to the I statements.

