# **ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS**

1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	20 January 2014
3	Title:	Residential and Nursing Care Quality and Activity Report for the period 1 <sup>st</sup> July to 30 <sup>th</sup> September 2013
4	Directorate:	Neighbourhoods and Adult Services

# 5 Summary

This report provides information on Residential and Nursing Care activity and quality for the period 1<sup>st</sup> July 2013 to 30<sup>th</sup> September 2013.

# 6 **Recommendations**

• That the Cabinet Member for Adult Social Care receives the information contained in this report and agrees that it can be forwarded onwards to the Contracting for Care Forum scheduled to take place on the 17<sup>th</sup> February 2014.

# 7. Details

This report provides information on occupancy levels and quality monitoring outcomes for the period 1<sup>st</sup> July 2013 to 30<sup>th</sup> September 2013 for services delivered by independent and in house residential and nursing care homes.

# 7.1 Independent Sector Care (Older People)

7.1.1 Monitoring of the occupancy and vacancy levels within each residential care type is undertaken to ensure that there is sufficient capacity to meet current levels of need and identify any issues of vulnerability in the care home market.

The figures below relate to residential care occupancy levels as at the 12<sup>th</sup> September 2013.

Care Type	Total Beds	Occupied beds Q2 2013-14	Bed Vacancies Q2 2013-14	Q4 % Occupancy 2012-13	Q1% Occupancy 2013-14	Q2% Occupancy 2013-14
Residential	515	444	71	85	83	86
Nursing	135	111	24	86	84	82
Dual Registered (Nursing/Residential)	426	368	58	67	89	86
Residential Dementia Care	262	211	51	80	85	80
Nursing Dementia Care	61	53	8	96	84	
Dual Registered Dementia Care (Nursing and Residential)	271	238	33	73	87	86*
Dual Residential and Residential Dementia Care	69	63	6			91*
Totals	1739	1488	251	82	85	85

\* The categories of care homes have been defined for accuracy in the type of care provided.

7.1.2 In Q2 there are currently 251 vacant beds available representing an overall 15% vacancy factor. Over the winter period it is expected that current vacancy levels are adequate to meet surges in demand.

The overall occupancy levels have been stable between Q1 and Q2 2013-14. There were no issues in lack of capacity of the care home sector in Q2 of 2013-14. This is despite the closure of one residential care home in the previous quarter.

7.1.3 There was a reduction in the number of Older People admitted into residential care between the years 2011/12 and 2012/13. But the first two quarters of the current financial year is showing an increase in the numbers of beds occupied.

# 7.2 Local Authority Care

#### Intermediate Care/Fast Response

From Quarter 1 of 2012/13, the Local Authority has commissioned 8 Fast Response residential beds at Lord Hardy Court. This new service allows an opportunity for people to recuperate from a recent minor illness or minor injury which is available up to a maximum of 2 weeks. This service reduces the number of admissions to hospital and residential care and improves outcomes for service users.

In addition to this, there are 42 intermediate care residential rehabilitation beds in the North, South and Central area of the Borough which offers an opportunity for people to regain independence and increase their quality of life through personalised therapeutic/rehabilitation programmes.

LA Residential Home	Number of Fast Response Beds	Number Intermediate Care Beds	Total
Lord Hardy Court	8	7	15
Davies Court	0	15	15
Netherfield Court	0	20	20
Total	8	42	50

Occupancy of Intermediate Care and Fast Response beds has decreased from 80.73% from Quarters 1 in 2013/14 to 75.60% in Quarter 2 of 2013-14. This level of bed occupancy is a similar pattern to previous years during the summer months, as levels tend to be higher over the winter period.

The average length of stay has reduced from 18 days (Quarter 1) to 17 days for intermediate care beds (Quarter 2) and decreased from 14 days to 12 days in the Fast Response beds.

Admissions have decreased from 156 admissions in Quarter 1 to 137 admissions in Quarter 2 with fewer admissions during the summer period. It is anticipated that admission rates will significantly increase over the winter period (Quarter 3).

Care pathways have been developed for service users to access home care enabling or day rehabilitation services for additional therapeutic support to increase independence and enhance quality of life. Positive outcomes by providing lengthier rehabilitation sessions is evidenced as the percentage of people discharged from intermediate care to residential care remains low at 2%.

The percentage of older people discharged from hospital to intermediate care who are living at home 91 days later (NI 125), stands at 88% in Quarter 4 in 2012/13, exceeding our locally determined target of 85%. Preparatory work is currently being carried out for 2013/14 to capture data from the hospital and community hospital for Quarter 3 of 2013/14.

Both these indicators demonstrate the effectiveness of an enabling approach on the quality of life and increased independence of people living in the community.

#### Residential Care

There are a total of 90 LA beds available for Older People requiring Residential Care and Residential (Dementia Care). There are 37 longterm beds and 8 respite care beds at both Lord Hardy Court and Davies Court.

	Total	Occupied	Vacant	Q1 %	Q2 %
Care Type	Beds	Beds	Beds	Occupancy	Occupancy
Residential	35	33	2	94%	94%
Residential	55	53	2	94%	96%
EMI					
Totals	90	87	5		

Overall bed occupancy rates in Local Authority Care Homes remains high since Quarter 1 of 2013/14, as a result of the change in bed utilisation and reconfiguration of the service.

### 8 Independent Sector - Quality Monitoring (Older People)

#### 8.1 Compliance Actions

	Q4 (12/13)	Q1 (13/14)	Q2 (13/14)	Total
Closed Contracting Concerns (substantiated only)	21	24	13	37
Safeguarding investigations			14	
Default with embargo on placements	4	2	1	
Contract Default without embargo	0	4	5	

## 8.2 Overview of concerns for Q2

108 new concerns were added to the database in Quarter 2. 44 were investigated and closed within the period. 13 of these were substantiated.

There has been a rise in the number of contract concerns reported and a reduction in the number of those investigated and closed within the period. However of the contract concerns investigated and closed only 29% have been substantiated as opposed to 44% on the previous quarter.

The contract concerns database and its use is currently under review to ensure that reporting is accurate and is not duplicated. For example 14 of the concerns received had also involved an alert to the Safeguarding Team. A number of contract concerns reported are not contractual issues.

Category of concern:

- 46% (6) were around medication issues.
- 23% (3) related to record keeping.
- 15% (2) concerned the quality of care and
- 15% (2) related to staffing issues.

These concerns seem to be consistent with themes from the previous quarter, and are shared with the RMBC Learning and Development Team, and the sector. The sector benefits from training commissioned by RMBC, and information and fact sheets produced by RMBC to support change in policy and practice.

### 8.3 Action taken by providers

Reason for concern	Action		
Inadequate care records	Training programme		
	<ul> <li>Check systems implement</li> </ul>		
Medication error	Supervision		
	<ul> <li>Competency assessments</li> </ul>		
	<ul> <li>Policies reiterated</li> </ul>		
Quality of care	Training		
	Supervision		

### 8.4 Risk Matrix update

The Risk Matrix developed in collaboration between Commissioning and Safeguarding Teams has and reported in Q1 (2013-14). The Information Systems Team have progressed the work and the set up and 'new look' of the new database has been viewed. It is still expected that the system will be fully functional early 2014.

The system will reduce the requirement of manual inputting, record timely information and enable efficient response to rectify failures and enforce contract terms and conditions to eliminate poor practice.

#### 8.5 Meetings with the Care Quality Commission

Monthly meetings are chaired by the CQC, and include attendees from the Foundation Trusts, Rotherham CCG, Safeguarding, Commissioning, and Assessment and Care Management.

In Q2, 2 meetings with CQC have been undertaken to share intelligence and collaborate to resolve the issues mentioned above.

#### 8.6 Home from Home Reviews

Reviews for 2012/13 are now complete completion and will be available on the Council Website.

Quality premium payments will be paid in 2013/14 for residents placed under the Rotherham contract in excellent (gold) and good (silver) care homes (as at 01/04/13).

#### 8.7 Residential and Nursing Care Home provider forum

In November consultation with independent sector care home providers has concluded that a provider led forum will replace the previous Council led forum. It was decided that 2 sector led Forums will commence with inaugural meetings taking place in December. There will be an Older People Care Home Forum and a Care Home Forum for the client groups of Learning Disability, Mental Health and Physical Disability who are 65 or under.

The Terms of Reference and reporting pathway have been drafted in collaboration with the Commissioning and Contracts Team who put forward standing agenda items. These were agreed with the forum membership at a recent workshop. Nominated representatives from both forums will attend the Contracting for Care forum.

The forums will provide an environment where open discourse takes place around operational matters common to each group. Some of the issues will be brought to the attention of the Commissioning and contracts team to support resolution.

An AGM will take place involving both forum memberships and hosted by Commissioning and Contracts Team this will allow for a review of the changed arrangements. This operational forum is complimentary to the 'Shaping the Future' events where strategic representatives of the membership organisations attend.

#### 9 Finance

NAS expenditure on Residential/Nursing Care is monitored by the Finance Team and this information is contained in monthly budget monitoring reports.

#### **10** Risks and Uncertainties

#### **Residential Care Review (Older People)**

- 10.1 As previously reported in the Q1 Activity and Quality report a residential care review is being undertaken. Stock condition has been reviewed in the process and initial indications are showing that in at least two care homes, investment is required to bring the stock up to an acceptable standard. Ongoing work is being undertaken by Commissioners who are engaging with providers to achieve this.
- 10.2 There are currently 3 care homes for sale on the open market as going concerns. One of these care homes has been in receivership since 2010. The combined capacity of these care homes represents 137 units or 8% of the total contracted capacity. All 3 locations have low occupancy levels.
- 10.3 There is no suggestion that there is immediate risk to retaining care home capacity in Rotherham. The overall care home occupancy levels varied slightly between 82 85% over 2012-13 and it is plausible that should there be planned or unplanned closures in those care homes that are rated as "at risk", with a contraction of the residential sector, incumbent residents could be absorbed into the established contracted sector. A reduction of 137 units (see paragraph 10.2) would still leave a 9% vacancy factor (equivalent to 104 beds), as we move forward into 2014/15.
- 10.4 The picture is complex and the market is volatile, and needs a close commissioning focus, with expertise in understanding the business profile and the market forces for the sector. For example, there isd greater pressure on nursing care capacity, and any change to the profile of nursing beds (as compared to "residential" beds) would introduce delays in this area.
- 10.5 A detailed report on the review (Older People's Care Homes) is currently being compiled which will be shared with DLT/Cabinet Member contracted Care Home Providers in Quarter 4 and will inform Rotherham's Market Position Statement.

## 11. Policy and Performance Agenda Implications

11.1 The Rotherham Health and Wellbeing Strategy 2012 - 2015 sets out six areas of priority and associated outcomes. Residential care supports Rotherham MBC to contribute against the following priorities:

**Priority 2** - Expectations and aspirations **Priority 5** - Long-term conditions

11.2 The principles by which residential and nursing care in Rotherham is delivered are set out in the Adult Social Care Outcomes Framework (ASCOF). Rotherham MBC expects that all Service Providers operate within these principles to promotes people's quality of life and their experience of care, and deliver care and support that is both personalised and preventative and achieves better outcomes for people.

The 4 Domains of the ASCOF and the associated outcomes

- Domain 1: Enhancing quality of life for people with care and support needs
- Domain 2: Delaying and reducing the need for care and support
- Domain 3: Ensuring that people have a positive experience of care and support
- Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm
- 11.3 Ensuring a range of diverse quality services will become a duty of the Local Authority under the forthcoming Care and Support Bill, and is consistent with the national Adult Social Care Outcomes Framework; and Developing Care Markets for Quality and Choice Programme.

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