ROTHERHAM BOROUGH COUNCIL - REPORT TO CABINET MEMBER

1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	17 March 2015
3	Title:	Residential and Nursing Care Quality and Activity Report for the period 1st October to 31st December 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 October 2013 to 31 December 2013.

This report is appropriately anonymised and presented as an open report to Cabinet Member for Adult Social Care to protect the commercial interests of independent sector providers.

It will be presented to the Adult Social Care Contracting for Care Forum arranged to receive Q3 reports.

6 Recommendations

- This report and the information contained in it are received by Cabinet Member for Adult Social Care and;
- It is agreed that it can be forwarded onto the Adult Social Care Contracting for Care Forum scheduled to take place on the 23 of April 2014.

7 Details

7.1 This report provides information on occupancy levels and quality monitoring outcomes for the period 1st October 2013 to 31st December 2013 for services delivered by independent and in house residential and nursing care homes.

7.2 Independent Sector Care (Older People)

7.2.1 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 18 December 2013.

Care Type	Total Beds	Occupied beds Q3 2013-14	Bed Vacancies Q3 2013-14	Q4 % Occupancy 2012-13	Q1% Occupancy 2013-14	Q2% Occupancy 2013-14	Q3% Occupancy 2013-14
Residential	510	459	51	85	83	86	90
Nursing	162	140	22	86	84	82	87
Dual Registered (Nursing/ Residential)	308	272	26	67	89	86	91.5
Residential Dementia Care	344	293	60	80	85	80	83
Nursing Dementia Care	70	61	9	96	84		83
Dual Registered Dementia Care (Nursing and Residential)	176	161	15			86*	91
Dual Residential and Residential Dementia Care	168	153	15	73	87	91*	91
Totals	1738	1539	206	82	85	85	88

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

7.2.3 In Q3 there are currently 199 vacant beds available, representing a 12% vacancy factor. Vacancy levels were adequate to meet surges in demand over the winter period.

There has been an increase of 3% overall occupancy levels have been stable between Q2 and Q3 2013-14.

Relatively high occupancy rates are evident in Dual Registered Care Homes providing dementia care.

7.3 Local Authority Care

Intermediate Care/Fast Response

From Quarter 1 of 2012/13, the Local Authority and the Clinical Commissioning group have jointly 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 increased from 80.73% from Quarters 2 in 2013/14 to 85.10% in Quarter 3 of 2013-14. This level of bed occupancy is a similar pattern to previous years during the winter months, as levels tend to be higher over this period.

The average length of stay has slightly increased from 17 days (Quarter 2) to 18 days (Quarter 3) for intermediate care beds and increased from 12 days to 15 days in the Fast Response beds.

Admissions have increased from 137 admissions in Quarter 2 to 148 admissions in Quarter 3 due to a higher admission rate during the winter period.

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%.

Early indications from the ASCOF Part 2B indicator (originally National Indicator NI 125) suggests that the percentage of older people discharged from hospital to intermediate care who are living at home 91 days later has increased. The first month of Quarter 4 suggests that this has increased from 89.53% in 2012/13 to 91.66% in Quarter 4 in 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 long-term beds and 8 respite care beds at both Lord Hardy Court and Davies Court.

Care Type	Total Beds	Occupied Beds	Vacant Beds	Q3 % Occupancy
Residential (including 5 respite care beds)	30	21	6 long-term plus 3 respite care = 9	70%
Residential EMI (including 12 respite beds)	60	48	5 long-term plus 7 respite care = 12	80%
Totals	90	69	21	77%

Overall bed occupancy rates in Local Authority Care Homes has fallen to 77% in Quarter 3 of 2013/14 due to an embargo placed on admissions to the long-term unit and respite care beds due to recent safeguarding concerns at Lord Hardy Court and Davies Court from November 2013. Lifting of restrictions on both care homes have now been lifted in February 2014. Therefore, it is anticipated that bed occupancy rates in Quarter 4 2013/14 will increase in the next few weeks.

8 Independent Sector - Quality Monitoring (Older People)

8.1 **Compliance Actions**

	Q1 (13/14)	Q2 (13/14)	Q3 (13/14)	Total
Closed Contracting Concerns (substantiated only)	24	13	36	73
Safeguarding investigations			8	
Default with embargo on placements	2	1	1	
Contract Default without embargo	4	5	5	

8.2 Overview of concerns for Q3

130 new concerns were added to the database in Quarter 3. 64 were investigated and closed within the period. 36 (56%) of these were substantiated.

8 of the concerns received had also involved an alert to the Safeguarding Team.

Category of concern:

- 13 (36%) related to inadequate care records
- 5 (14%) delay in reporting issues
- 2 (6%) about the environment or equipment
- 1 (3%) about finance
- 3 (7%) concerned medication
- 6 (17%) quality of care
- 6 (17%) staffing issues
- 8.3 Examples of key learning and service improvements from compliance monitoring within the sector in Quarter 3:

Following a concern regarding inadequate care records:

 A care home reviewed and rewrote care plans. Auditing processes were also put in place.

Following a concern about the quality of care provided

 A care home introduced a communication plan for dealing with environmental emergencies, monitoring of a service user's continence needs was introduced, a dietician referral was made and the care plan reviewed and updated.

Following a concern regarding a delay in reporting an issue:

 A care home implemented a daily check sheet for completion that ensures aid such as hearing aids are in working order.

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 Q3, 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 completed and reports are available to view on the Council website.

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

8.7 Residential and Nursing Care Home provider forum

In February the newly formed Older Peoples Care Home Forum took place. This was the inaugural meeting and focused on agreeing the Terms of Reference and reporting pathway.

The nominated representative to attend the Contracting for Care Forum from the independent sector will be agreed on the 7th of March when the next forum meets. In the interim Salim Boodhoo (Mauricare – Ashton Court Care Home) will represent.

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 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 132 units or 7.5%

of the total contracted capacity (77 Residential, 26 Nursing, 29 Residential/Dementia units). The combined occupancy status in December 2013 was 93 residents. Should there be a need to relocate these residents there is adequate capacity to do so in the current contracted market.

10.2 Whilst there is no suggestion that there is immediate risk to retaining adequate care home capacity in Rotherham the occupancy levels in care homes providing dementia/nursing care has increased on previous quarters.

One care home recently registered by the Care Quality Commission 'Mulberry Manor' has a capacity for 28 nursing/dementia beds and is currently undergoing pre contract approval. Should it be possible to contract with this care home this will support any future pressures in the long term.

10.3 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.

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 is a duty of the LA under the Care and Support Bill and consistent with the national Adult Social Care

Outcomes Framework; and Developing Care Markets for Quality and Choice Programme.

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