

PEOPLE (ADULT & HEALTH) SCRUTINY PANEL

18th December 2014

CARE QUALITY COMMISSION INSPECTION OF CARE SERVICES AND RISK MANAGEMENT IN CARE HOMES

Report of the Director of People

STRATEGIC AIM:	Creating a Brighter Future for All
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1. PURPOSE OF THE REPORT

- 1.1 To inform Scrutiny Panel about the recent changes to the Care Quality Commission's (CQC) inspection framework.
- 1.2 To inform Scrutiny Panel about any inspections of care homes that have taken place since the previous Scrutiny Panel meeting.
- 1.3 To inform Scrutiny Panel about the roles and responsibilities of the Contracts and Procurement Team in relation to care provision.
- 1.4 To summarise for Scrutiny Panel the legislative and policy framework within which adult safeguarding work is undertaken.
- 1.5 To inform Scrutiny Panel of developments in managing risks to the safety and welfare of vulnerable adults living in care homes in Rutland.
- 1.6 To inform Scrutiny Panel of the processes and the measures that have been put into place should performance and quality fall below the standards expected by the Council.

2. RECOMMENDATIONS

- 2.1 That the Members of the Scrutiny Panel note the contents of the report.

3. BACKGROUND INFORMATION

- 3.1 CQC are responsible for ensuring hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and encourage them to make improvements.

CQC describe their roles and principles as below:

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Our principles

- *We put people who use services at the centre of our work.*
- *We are independent, rigorous, fair and consistent.*
- *We have an open and accessible culture.*
- *We work in partnership across the health and social care system.*
- *We are committed to being a high performing organisation and apply the same standards of continuous improvement to ourselves that we expect of others.*
- *We promote equality, diversity and human rights*

3.2 Following the publication of their ‘CQC Strategy 2013 to 2016: raising standards, putting people first’, CQC undertook a consultation exercise called ‘A new start’ then followed this with a document entitled ‘A fresh start for regulation and inspection of adult social care’ which set out a timetable for the implementation of a new inspection framework for adult social care.

As a consequence CQC introduced a new framework for the inspection of a range of regulated services on 1st October 2014 including the publication of two key documents (Appendices A and B) and their respective appendices relating to adult social care services:

- (i) Community Adult Social Care: Providers Handbook October 2014 and
- (II) Residential Adult Social Care Services: Provider Handbook 2014

4. SUMMARY OF THE KEY CHANGES IN THE NEW INSPECTION FRAMEWORK

4.1 CQC now ask the following questions about the services they inspect:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they well led?
- Are they responsive to people’s needs?

CQC state that:

Safe - By safe, we mean that people are protected from abuse and avoidable harm.

Effective - By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence-based where possible.

Caring - By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Responsive - By responsive, we mean that services are organised so that they meet people's needs.

Well led - By well-led we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- 4.2** To direct the focus of the inspection, CQC inspection teams use a standard set of key lines of enquiry (KLOEs) that directly relate to the five key questions listed above.

Inspection teams will use evidence from four main sources in order to answer the KLOEs:

- (i) Information from Intelligent Monitoring, including information from people who use services and their families and carers.
- (ii) Information from the ongoing relationship with the provider including that provided in the Provider Information Return.
- (iii) Information from the inspection visit itself (including reviews of records).
- (iv) Information from speaking with people who use services, their families and carers, staff and other health and care professionals.

- 4.3** The previous rating system of either 'Compliant' or 'Non Compliant' has been replaced with Outstanding, Good, Requires Improvement or Inadequate. This new rating system is consistent with that currently used by OFSTED and starts with the assumption that providers should be aiming to deliver at least 'Good' levels of service and that a 'Requires Improvement' judgement is not a replacement for the historical 'Satisfactory' category.

- 4.4** Inspection types:

- (i) Comprehensive:

- Reviews the provider in relation to the five key questions leading to a rating on each on a four point scale.
- Risk based decision about when to inspect.

Frequencies will normally be:

Services rated as '**outstanding**': within two years of the last comprehensive inspection.

Services rated as '**good**': within 18 months of the last comprehensive inspection.

Services rated as '**requires improvement**': within 12 months of the last comprehensive inspection.

Services rated as '**inadequate**': within 6 months of the last comprehensive inspection.

(ii) Focused:

- Follow up to a previous inspection, or to respond to a particular issue or concern.
- May not look at all five key questions.
- Team size and composition depends on the focus of the inspection.

Depending on the nature of the risk in some instances CQC may undertake a comprehensive inspection in response to concerns.

Inspections of care homes will usually be unannounced but inspections of community services will generally be with 48 hours notice.

- 4.5** The new inspection framework gives significant focus to how CQC will 'work with others' including local authorities. It states that:

As part of our development of local relationships our managers will liaise regularly with health and wellbeing boards and overview and scrutiny committees, based in local authorities. Health and wellbeing boards identify the current and future health and social care needs of local communities. We will share information with them to inform integrated commissioning as well as gathering information from them about the picture of social care and its integration with health care across an area.

5. RECENT INSPECTIONS OF CARE HOMES IN RUTLAND

- 5.1** Rutland Care Village was inspected by CQC on 7th May 2014 as a part of the piloting arrangements for the new Inspection Framework with a report being published on 16th October 2014 (Appendices C and D).

The overall judgement by CQC is that 'Improvements are required'.

The overall findings by CQC in the inspection was 'requires improvements'. But it is important for Members to be aware that there is an expectation that across the sector providers in general may initially get this kind of rating, as the providers come to terms with the new inspection regime.

Rutland Care Village provides nursing care, personal care and support for up to 82 people. It is made up of a purpose built home split into four units, one of which is a specialist dementia care unit. The village also includes a day care facility known as 'Brambles' and residential bungalows. These were not included in the inspection.

5.2 Summary of findings in the inspection report as follows:

- (i) We found the provider had appropriate systems in place to help ensure that people were protected from the risk of abuse and avoidable harm. When appropriate, people's capacity to make decisions had been considered and the provider had acted in their best interests. People were cared for in an environment that was safe and appropriate for their needs. People and their relatives felt their care and support needs were being met and nobody we spoke with raised any concerns about their care or treatment.*
- (ii) People received care and support that met their needs and promoted many aspects of their well-being. Care plans provided guidance for staff about how people's needs should be met and these had been regularly reviewed and updated. We found that people's health had been monitored and guidance from health professionals had been sought when appropriate. People had been protected from the risk of malnutrition and dehydration and people's special diets or food preferences had been catered for. However, care plans did not always record people's involvement in the planning and delivery of their care.*
- (iii) Staff had a good understanding of the needs of people who used the service and many had completed an induction programme. However, the staff team had not always been supported to deliver appropriate and effective care as many had not received training in important areas such as infection control, Mental Capacity Act and Dementia Awareness. This meant there had been a breach of the relevant legal regulation and the action we have asked the provider to take can be found at the back of the (Inspection) report.*
- (iv) We observed that the staff team were mostly friendly and professional in their interactions with people and staff were able to give examples of how they protected people's privacy and promoted their dignity. We used our SOFI (Short Observational Framework for Inspection) tool to see what the experiences of people living in the specialist dementia unit were. We found that staff did not always have the skills required to support people with dementia. Staff interactions were focused on tasks such as giving people drinks and taking them to the toilet rather than positive communication. Many staff had not shown consideration for*

people's emotional well-being when supporting them during our period of observations. We saw limited attempts to interact with people or provide activities in any meaningful way. However, when staff did take the time to engage with people we found they did respond positively. We have asked the provider to make improvements in this area. There were sufficient numbers of staff to ensure the safe and effective delivery of care and our observations showed that staff responded promptly to people when they required support. Most of the staff we spoke with felt staffing numbers were adequate and people we spoke with told us they had the care and support they required at the time it was needed.

- (v) People and their relatives had been involved in the running of the service and had been asked for their views in regular meetings and an annual questionnaire. However there was no action plan to record the improvements highlighted by the meetings or survey or to assure that they would be made. People's complaints and concerns were recorded and responded to promptly. However, people's involvement in the planning and delivery of their care was not always consistent. The majority of care plans and records we looked at contained insufficient information about people's choices, wishes and preferences so they could not be assured that they would be met.*
- (vi) The provider had a day centre which had a programme of activities. However, many people had not been encouraged to access this service and during our inspection people who did not visit the day centre were not encouraged to engage in alternative activities that were relevant to them. Some people told us they would have liked more opportunities to go into the community or attend activities and others told us they had been lonely at times. This meant there had been a breach of the relevant legal regulation and the action we have asked the provider to take can be found at the back of the (Inspection) report*
- (vii) People we spoke with and their relatives considered that the service was well managed and many of them told us about the improvements the registered manager had made since they had been in post. Staff were also positive about the management of the service and were clear about their roles and responsibilities.*
- (viii) There was a management system in place which monitored and assessed the quality of service provided. This included audits and reviews of care plans and records, checks of the environment and other audits such as call bell audits and falls audits. These had been carried out regularly and were well documented. However this could be improved by ensuring that action taken as result of these checks had been recorded.*

5.3 Rutland County Council's Contracts and Procurement Team completed an audit visit on 13th October 2013 due to some concerns raised by relatives about a lack of regular activities for residents. This led to an

Action Plan being created, agreed and put into place as part of the improvement process. It is important that Members note that the issues identified by the Contracts and Procurement Team were subsequently reflected in the CQC Inspection report which can be found at Appendix C and D.

- 5.4** Rutland Care Village have produced an Action Plan, dated 17th November 2014, in relation to CQC's Compliance requirements. Rutland County Council's Contracts and Procurement Team as part of their pro-active are monitoring this closely.

6. THE ROLE OF THE RUTLAND COUNTY COUNCIL CONTRACTS AND PROCUREMENT TEAM

- 6.1** The Contracts and Procurement Team carry out contract compliance monitoring of residential and domiciliary care providers in Rutland as well as a range of other services.

An announced annual visit ensures that contractual obligations, covering areas such as staffing, recruitment and training, policies, procedures and management, are met. An action plan with good practice recommendations and guidance is shared with the provider and this aims to support managers and their staff. The action plan is monitored with the provider to ensure that non-compliance is rectified in the most effective and timely manner.

The team also manages quarterly data returns from care providers, which give an overview of areas such as staff turnover, amount of care provided, change of manager, complaints, incidents and compliments. This intelligence helps to identify potential issues at an early stage.

In addition to this the Contracts and Procurement Team may be involved in additional compliance monitoring where a potential contractual issue has been triggered by a notification of concern, complaint, CQC report, following a safeguarding investigation, or emerging trend. Again an Action Plan will be drawn up with the aim of improving standards.

The Contracts and Procurement Team works closely with the social work teams, sharing findings and reporting any issues.

7. THE ROLE OF THE LOCAL AUTHORITY IN SAFEGUARDING VULNERABLE ADULTS FROM HARM

- 7.1** Local authorities are guided by a document called 'No Secrets' (DOH March 2000)

- which adults are 'vulnerable'?

- what actions or omissions constitute abuse?
- who may be the abuser(s)?
- in what circumstances may abuse occur?
- patterns of abuse; and
- what degree of abuse justifies intervention?

The guidance sets out how to set up inter agency working, partnership arrangements, the roles and responsibilities of the agencies involved, managing investigations, policies and procedures etc.

The Leicester, Leicestershire and Rutland (LLR) Multi Agency Policies and Procedures, local policies and procedures and the current partnership arrangements through the Safeguarding Adults Board have been developed on the basis of this guidance as well as an ADASS Good Practice checklist.

- 7.2** In Rutland we operate a Single Point of Contact via the Safeguarding Adults Co-ordinator in the Adult Duty Team for all safeguarding referrals for both internal and external 'alerts'. These alerts are screened using an agreed LLR Thresholds Guidance document. This ensures consistency. If the alert meets the threshold then the Multi Agency Policies and Procedures are utilised. If the alert does not meet the threshold then there is a process for determining whether other protective measures are required ie informing the police, CQC, Contracts and procurement Team etc. The Referrer is informed of the outcome of the referral via a standard letter. There are a range of outcomes of investigations from no further action, if the case is unsubstantiated, to urgently supporting the individual(s) to move them to a safe place if they are at imminent risk of harm. Social Work staff work closely with the Contracts and Procurement Team, CQC, the Police, Health, care providers etc. In care home settings a Large Scale Investigation might take place if institutional abuse is identified.

Additionally the introduction of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards have afforded vulnerable people with mental illness further protection from harm and abuse.

From 1st April 2015 the Care Act 2014 will supersede 'No Secrets' (DOH March 2000). The Care Act, for the first time, places adult safeguarding on a statutory footing. Both local and LLR Multi Agency policies and procedure are currently being revised to meet these new requirements.

8. MANAGING RISKS IN CARE HOME SETTINGS

- 8.1** In order to manage contract compliance, business continuity, quality of care and safeguarding issues in care home settings and to ensure continuity and communication within and between agencies Rutland

County Council has developed two new processes and documents: the Rutland Care Homes Risk Management Framework and the Residential Care Homes Risk Assessment (Appendices E and F). These processes and documents, which are being put into practice in December 2014, ensure that there is a process for collating information and intelligence from CQC, Contract Monitoring, Contract Audit visits and Safeguarding alerts and casework which then leads to clear action planning and co-ordinated intervention in care settings. The Risk Management and Assessment documents are stored on Rutland County Council's Sharepoint system and are accessible to the appropriate staff at all times. They are up dated as required and are discussed on a planned, fortnightly basis by Contracts and Procurement Team and Safeguarding workers. Major issues are escalated to Heads of Service for decisions making.

9. RISK MANAGEMENT

RISK	IMPACT	COMMENTS
Time	Medium	Delivering and embedding improvements in care settings can take significant time and requires constant monitoring
Viability	Medium	New Risk Management processes have been introduced to ensure a co-ordinated approach to managing quality of care and safeguarding concerns
Finance	Low	No additional resources required at this time
Profile	High	Quality of care and safeguarding concerns have a high public and media profile
Equality and Diversity	High	Vulnerable people are at risk of poor quality care and safeguarding issues

Background Papers

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Community Adult Social Care: Providers Handbook October 2014 Appendix A
 Residential Adult Social Care Services: Provider Handbook 2014 Appendix B
 Rutland Care Village CQC Inspection Report Summary Appendix C
 Rutland Care Village CQC Full Inspection Report Appendix D
 Rutland Care Homes Risk Management Framework Appendix E
 Residential Care Homes Risk Assessment Appendix F

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