Scrutiny Report

Quality Assurance of Care and Nursing Homes in Worcestershire

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- Worcestershire Clinical Commissioning Groups
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Background and Purpose of the Scrutiny

1. This scrutiny review was proposed by the Council's overarching scrutiny body (the Overview and Scrutiny Performance Board). The Board wanted reassurance about the effectiveness of the County Council's quality assurance systems of residential care and nursing homes.

2. It was agreed that the scrutiny would take the form of a task group exercise, led by the Chairman of the Council's Adult Care and Well Being Overview and Scrutiny Panel, Cllr Juliet Brunner.

3. The for the scrutiny exercise were *'to investigate how the Council carries out and monitors quality assurance of care homes in Worcestershire'*.

The Task Group's approach

4. Evidence has been gathered from a variety of sources including County Council Officers and the Cabinet Member with Responsibility for Adult Social Care, senior managers from care and nursing homes, representatives from the Care Quality Commission (CQC),

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9. From the number of homes the Task Group visited, we consistently heard that, unlike the CQC, home managers were unsure what the Council criteria for inspection was and it was felt that it would be helpful to know this in advance of any visit.

10. When speaking with the Interim Director, members learned that the required standards were set out in the contract with the home. However, as a result of this finding, the Interim Director had instigated a one-off mailing to remind homes of the Council's expectations.

11. Some small homes could be at risk of closure when the current owners retired themselves. This is mainly due to the current market preferring to operate homes with a larger number of beds. Worcestershire has a higher proportion of smaller homes than average, and when owners retire they are often not viable as a continuing business if new owners require a mortgage on the property.

12. Everyone we spoke to articulated the national problem of workforce and the difficulties in recruitment and retention in the sector.

13. We learned that homes mainly rely on self-funded residents to ensure financial viability. Those homes with a high number of Council funded residents are likely to be less sustainable in the future.

14. The Task Group would like an update to be provided to Scrutiny in six months' time, on progress to mitigate the issues affecting the care market.

15. The Task Group encourages continued progress in the use of assistive technology and can see the value for care and nursing homes, in helping keep people independent for longer.

16. Members have learned that Worcestershire has a higher proportion of people in care and nursing homes than comparable areas. Promoting use of assistive technology to the wider public would help people to be able to continue to live in their own homes for longer and reduce the numbers of residential beds in use; this will also save the Council money.

17. Through our evidence gathering, an example of good practice was suggested by the CQC whereby a bank of staff is able to be diverted to provide emergency assistance to a home requiring immediate intervention.

18. Whilst the Task Group has confidence in Worcestershire County Council's crisis response, we recommend that the Directorate documents its 'crisis response policy' which could be disseminated to homes and other stakeholders.

19. During our discussions with care and nursing home managers we heard that opportunities to meet and to discuss best practice or to hear from Council officers were infrequent and irregular.

20. Currently homes are provided with information about Healthwatch but are not obliged to display it or include it on their websites.

30. We acknowledge that this represents a small selection of homes, but the visits provided valuable feedback to us about what is happening ‘on the ground’, which was also very thought provoking, and we are very grateful to the homes concerned for taking time out of their busy days to meet with us.

Quality Assurance of Care and Nursing Homes

31. The Task Group learned that there are a number of different organisations involved in inspecting providers of care and nursing homes. The focus of this scrutiny has been on the role of the Council’s QA team, however in order to understand the broader system, we have also met with the other organisations involved.

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32. There is a small dedicated Quality Assurance (QA) Team (5.66 full-time-equivalent Officers with 2.0 F

46. We also learned that when the CCGs inspected the nursing element of a home, those visits were often undertaken in conjunction with the County Council to avoid unnecessary duplication.

47. We understand from our discussion with the Interim Director and the Cabinet Member that work is in hand to remind care homes what is set out in contracts as to precisely what the Council monitors. The aim is to co-ordinate the Council's criteria with those of the other agencies, since it is recognised that the current Council framework asks more detail than other agencies.

48. We asked Adult Social Care Officers about how they respond to emergency situations where a home has to close. We learned that the Council contracts with homes stipulate that 3 months' notice must be given, although only a month or so(bp .A)-0.7 (t)-5 (onssn(hou)-10i

55. We learned that CQC can signpost providers to take remedial action, but as a commercial service, with a registration, they expect providers to have a full understanding of the CQC requirements, which are known to them.

56. We learned that working relationships with the County Council Quality Assurance team were very good and information was shared across different agencies. Formal meetings were held bi-monthly but intelligence was shared constantly.

57. We asked whether the CQC was concerned about duplication across the sector, but were told that each organisation has a different perspective, so no.

58. If a home is rated as '*requires improvement'* a re-visit is arranged within 12 months, unless one of the 5 domains (safe, effective, caring, responsive, well-led) is inadequate – then a re-visit is within 6 months. Intelligence is monitored during these periods.

59. A home would automatically be rated as *'requires improvement'* if there was no registered manager (and could otherwise be positive) since the lack of a registered manager presented an element of risk, and if it continued to operate without one, a £4000 fine would be issued after six months.

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60. CCGs are interested in homes where NHS funded patients reside (nursing homes).

61. We learned that the CCG has a Quality Assurance Team who undertake quality assurance visits and are supported by the NHS Continuing Healthcare Team of nurses who undertake NHS Continuing Healthcare assessments and reviews and also provide soft intelligence to the CCG. This latter element provides soft intelligence to both the CCG and other partners.

62. The CCG has an annual schedule of visits, with the ability to carry out more if necessary. This schedule is shared with the CQC to hopefully avoid any duplication.

65. Healthwatch Worcestershire’s representatives explained that they do not have a formal role in inspecting care and nursing homes and do not routinely visit homes. Some feedback on care and nursing homes is received but not a great deal and it is usually from carers and about the quality of a home. If the feedback is about an individual or a complaint, Healthwatch will signpost to the relevant complaint’s procedure. Healthwatch also provide information about the Care Quality Commission, the CCG and the Council’s Quality Assurance Team as appropriate. However, this may not always be followed through by the individual because, for example, residents may be concerned about losing their ‘home’.

66. If a safeguarding concern is raised with Healthwatch, they would signpost immediately to the appropriate body. Healthwatch would also alert the CQC, CCG and/or the Council’s Quality Assurance Team if they had concerns about a specific provider.

67. Before the CQC carries out an inspection of a care or nursing home, Healthwatch is contacted to check for any relevant feedback.

68. Regarding awareness raising, Healthwatch told us that in the past they had sent leaflets and their Annual Report to care homes but indicated that they would like the Council to be more proactive in promoting their role. Social media had also been useful for awareness raising. All care homes are sent information about Healthwatch, but they do not have an obligation to display it.

69. During our visits to care homes, we saw Healthwatch information displayed in some but not all homes. Encouraging mechanisms for better communication about Healthwatch is something we have addressed in our recommendations.

Market Resilience

74. The fragility of the care home market is clearly apparent and has been raised by everyone we have spoken with and is well documented in the media. Pressure on budgets, an increasingly aged population and recruitment and staffing struggles within the care market are key issues.

75. Senior officers within Adult Social Care have advised that while resilience of the domiciliary care/homecare market is very good, the care home market is very challenged, and will be more challenged over time. While the current trend is for larger homes which have better economies of scale, Worcestershire has a higher proportion of smaller homes, and when owners retire they are often not viable as a continuing business if new owners require a mortgage on the property, and older properties are more expensive to run.

76. We have been told that the 'right' type of homes are not being built, and instead Worcestershire attracts applications for large 'hotel-like' homes, which can be difficult to reject on planning grounds. Workforce shortage is also an issue which has been stressed to us by everyone.

77. Officers from Adult Services have told us about the shortage of beds for residents with high care needs arising from living with dementia, not requiring nursing care, and that this can result in individuals being placed in a nursing home.

78. Over the last 18 months or so, 6/7 small homes have closed, on one occasion with less than 24 hours' notice. Residents have been rehoused and neighbouring authorities provided mutual aid, but the experience is very distressing for those involved.

79. Care homes rely on self-funders in order to be financially viable and once a home is occupied with 60%+ of Council funded residents, the risk is greater as the home is likely to be struggling financially. Several homes told us they did not like to take the Council-funded residents because of the lower level of funding received. One home stressed to us that it was impossible to provide the level of care specified in the Council's contract for provision of accommodation with personal care or nursing, on the current fees paid by the Council.

80. Regarding forewarning about care home closures, the region is generally well prepared and contingency planning takes place. The regional network has been helpful to Adult Social Care Officers, as well as the CQC.

Conclusion

81. The services provided and intelligence gathered by the Council's Quality Assurance Team is clearly valued by the Adult Services Directorate. The Cabinet Member and Interim Director pointed out that the intelligence gathered is very important in providing assurance for individuals and their families.

82. From our observations, QA generally functions in an effective way in collaboration with the other agencies involved. Where the QA team has worked with homes to address specific concerns, this has been valued by them, and we were therefore very pleased to learn at the end of this exercise that the earlier proposed QA Team reductions are no longer taking place.

83. Considering the inspection processes as a whole, the perception from the homes we visited, was that there was some duplication across the work of the CQC, the CCG's and the Council's own QA Team, and insufficient clarity about who is overseeing what. The individual organisations themselves have told us they are clear on their respective roles and work well together. The Cabinet Member for Adult Social Care and both the outgoing and new Interim Directors of Adult Services, have pointed out that each organisation has a part to play and that the more 'eyes on' could only help and reassure both the public and partner agencies.

84. However, we can see that from the perspective of the homes, local members and also the public, it would be helpful to have greater clarity about who is responsible for overseeing the various aspects of care.

85. Whilst the remit of this scrutiny has been to investigate the Council's quality assurance systems of care and nursing homes, the weakening resilience of the care home market in Worcestershire was made very clear to us, including the issues of funding, and significant recruitment issues.

Appendix 1 - Schedule of Activity

25 June 2019	Overview of the Council role in monitoring care and nursing homes and monitoring processes for quality assurance – Elaine Carolan, Strategic Commissioner of Adult Services and Julia Chesterman, Lead Commissioner
13 August 2019	Task Group discussion of next steps Understanding the role of the care Quality Commission (CQC) - Sally Seel, Inspector, Central Region
August – November 2019	Visits to meet managers and/or owners of 5 residential care and nursing homes (within the district areas of Malvern, Redditch, Wyre Forest and Wychavon)
16 September 2019	Understanding the role of Healthwatch Worcestershire: Simon Adams, Managing Director John Taylor, Director Margaret Reilly, Engagement Officer
24 September 2019	Further discussion with the CQC - Stephen Taylor, Inspection Manager, Central West Midlands Understanding the role of Worcestershire's Clinical Commissioning Groups in quality assurance of nursing homes - Linda Allsopp Associate Director of Nursing and Quality, Worcestershire CCGs
17 October 2019	Avril Wilson (then) Interim Director of Adult Services Further discussion with Council officers responsible for quality assurance: Elaine Carolan (then) Strategic Commissioner of Adult Services Julia Chesterman, Lead Commissioner