Report to:	**RESILENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Karen Smith, Deputy Director of People (Adult Services)
Date of Meeting	1 September 2016

ADULT SERVICES REPORT

1.0 Purpose of the report:

1.1 To inform the Committee of the work undertaken by Adult Services on a day to day basis in order to allow effective scrutiny of services.

2.0 Recommendation(s):

2.1 To consider the contents of the report and identify any further information/action required.

3.0 Reasons for recommendation(s):

3.1 To ensure services are effectively scrutinised.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes

3.3 Other alternative options to be considered:

None.

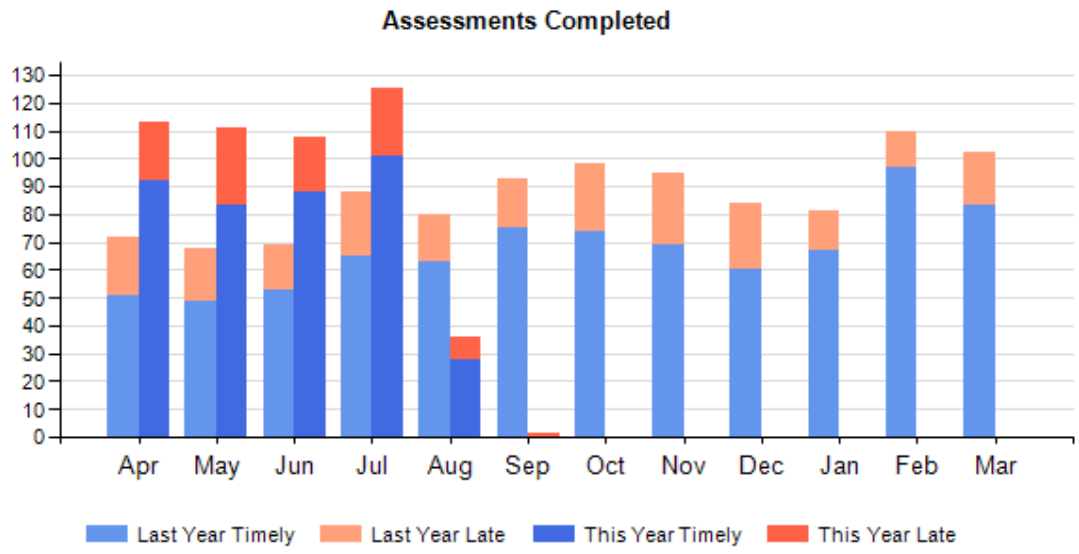
4.0 Council Priority:

4.1 The relevant Council Priority is 'Communities: Creating stronger communities and increasing resilience'.

5.0 Background Information

5.1 Adult Social Care (ASC)

5.1.1 The first four months of the new financial year have shown a steady rise in the number of requests for new assessments. The following chart from the Adult Social Care Dashboard demonstrates the significant increase in this area over this period. (The reference to timeliness is not a statutory issue, as there are no time limits set within the Care Act 2014 for completion of an assessment. ASC has set an indicative limit of 28 days for completion as a way of monitoring process and throughput. Delays are often due to a change in circumstances, for example admission to hospital early in the assessment.)



5.1.2 The Care Act and related statutory guidance defines the specific areas that must be considered when assessing somebody for eligibility for social care, and in so doing has stopped local authority discretion as to the level of need, in terms of the impact on a person's life, that meets eligibility. A key stated policy aims of this is to eradicate any care "post code lottery".

5.1.3 The impact of this on the individual is that their assessment and any decision regarding eligibility for meeting their social care needs should be the same wherever they live, and should they move to live elsewhere they can effectively transport their "needs eligibility" to their new home area.

5.1.4 The needs must arise from or be related to a physical or mental impairment or illness, and fall within the ten specified outcomes in the Act. An adult must be unable to achieve two or more of these outcomes, and the consequence of this there is likely to be a significant impact on the person's wellbeing. In effect this means that

every person will be assessed in the following areas: managing and maintaining nutrition; maintaining personal hygiene; managing toilet needs; being appropriately clothed; being able to make use of the home safely; maintaining a habitable home environment; developing and maintaining family or other personal relationships; accessing and engaging in work, training, education or volunteering; making use of necessary facilities or services in the local community including public transport and recreational facilities or services; carrying out any caring responsibilities the adult has for a child.

5.1.5 Clearly, in order to fully explore and understand the above outcomes as they relate to the adult the assessment will also cover a broader remit, for example a person's financial circumstances as they relate to how this enables the above outcomes to be either achieved, or not. One of the consequences of this very specific approach has been to lengthen the time taken to undertake assessments, not least because their statutory basis now means that potential legal challenges could arise in relation to disputes about eligibility, or the level of eligibility, in the context of the quality of the assessment and what has been considered in completing it.

5.1.6 The detail required might be seen by some as intrusive in terms of the level of information required to assess eligibility. Alternatively it can be seen as a significant improvement in terms of ensuring that a holistic and very thorough assessment is undertaken. Of course, even though people may be assessed as eligible for services, if they have mental capacity they retain the right to refuse services without reason. This is often a cause of frustration for families, neighbour, staff, other agencies, and councillors.

5.1.7 The reasons for the rise in requested assessments is unclear, which is not surprising in the complex world of health and social care, and the ever changing environment. Is demand rising, are people becoming more aware of their rights to an assessment, are there factors in other services/organisations which are impacting on referrals or are we simply better at recording what we do? These, and other related questions, we keep asking and reviewing to try to understand changes, making use of a range of sources of intelligence, including statistical information, service user and staff experience and expertise.

5.2 <u>Adult Care and Support Division</u>

5.2.1 **Care Quality Commission (CQC) Inspection:**
The Council's Domiciliary Care Services and Residential Crisis Service based at The Phoenix Centre have recently been inspected by the Care Quality Commission.
The services inspected included:

- Rapid Response, Reablement and Primary Night Care Service

- The Phoenix - Mental Health Crisis Service
- Gloucester Avenue – Mental Health Rehabilitation Service
- Extra Support Service – Learning Disability Supported Living

The service achieved a **GOOD** in all five domains:

Is the service **SAFE**

- *Risks associated to people's needs has been assessed and risk plans reviewed*

Is the service **EFFECTIVE**

- *People were supported by carers who were sufficiently skilled and experienced to support them*

Is the service **CARING**

- *People told us staff supported them appropriately and were kind, caring and respectful*

Is the service **RESPONSIVE**

- *People's care plans had been developed with them to identify what support they required and how they would like this to be provided*

Is the service **WELL-LED**

- *The registered provider had clear lines of responsibility and accountability. Staff and members of the management team understood their role. They were committed to providing a good standard of support for people in their care*

The case study below illustrates the qualitative outcomes that are achieved when people come in to contact with the Council's In House Provider Services:

Case Study: (information has been changed to respect confidentiality)

5.2.2 History/Background information

Z is in her late twenties and has lived in Blackpool all her life. She left school and went straight into hotel work, working at several of the large hotels in Blackpool as a waitress and chambermaid. She lived in her own flat and managed all areas of her life. On reflection Z and her mum have both said that she was always very introverted and socially isolated and relied on her work for social inclusion. She would also have all her meals at work so reducing her skills to cook and keep her flat in a routine.

5.2.3 Approximately, 12 months ago she started to struggle with feelings of paranoia and began drinking alcohol to mask the symptoms/feelings she had. This led her to become close to a group of "friends" she would not ordinarily be close to and her flat became a place to drink and "hang out".

5.2.4 Her thoughts became more and more intrusive and her beliefs were fuelled by her "friends" who would tell her that people on the internet were going to get her". She continued to become more unwell and her illness continued to develop until her beliefs became fixed delusions and she experienced Psychotic episodes. ***Z believed that a crowd of 2,000 people were coming after her and that they were going to kill her. Z was convinced that cctv cameras were put up in her house to watch her. She was petrified for her life and as a result became a risk to herself and to others this led to her eventually being sectioned under the Mental Health Act.***

5.2.5 Z was admitted to the Harbour eight months ago and was acutely unwell with several attempts at suicide an act that she believed would be better than the 2,000 people getting her. Z was so anxious at this stage she needed support from staff and medication in the form of Diazepam to leave the ward just to walk along the corridor.

5.2.6 Z moved into the Council's in-house Mental Health Rehabilitation Service. At this time she was still heavily dependent on diazepam and her delusional beliefs were still consuming her. Z could not leave the scheme without taking Diazepam and she needed full staff support.

5.2.7 Service Interventions:

The service worked across all areas of rehabilitation with Z but the main highlights are;

- Attending a tribunal on her behalf to appeal a decision about the award of PIP (Personal Independence Payment).
- Occupational Therapist involvement to develop graded plans to manage anxiety through contextualised life skills development within service and the local community to build confidence
- Liaising with her care coordinator and completing the STAR (Support Time and Recovery) tool to identify goals and mile stones that supported Z to build mental health resilience and created opportunities for Z to achieve greater independence
- "Moving on Groups" which enabled Z to build a wider circle of friends with people who may be experiencing similar life changes which in turn contributed positively to Z being able to manage better her anxieties around moving on

- "Confidence Building Course"
- "Relaxation course" which enabled Z to learn new coping skills to prevent and manage some of those scenarios which would have typically caused her anxiety. Z built on this work with her Occupational Therapist and developed an Individual Anxiety Management Plan which would remain with Z after she moves on and a positive tool for both Z and any new support team to refer to when required
- Getting Z ready to be able to live independently again and able to enjoy social activities
- Supporting Z to develop a 'work plan' which included the jobs she may like to try and what steps she needs to take towards achieving this goal, building on her life experiences when she worked within the hospitality industry earlier in her life.

5.2.8 <u>Help with Moving on using Private Landlords</u>

Following Z's recovery process her self-esteem and her confidence improved dramatically. Equally so Zs own personal standards improved and she no longer wanted social housing or second hand furniture from places such as refurb /helping hands. Z had a clear view of wanting to look for a "nice" flat in Blackpool and what this looked like for her.

5.2.9 The staff team supported Z in regard to looking at letting agents in these areas and viewing on line and in local papers. Z was given all the information she needed about moving out of Blackpool and the affects it would have on her after care/support. Z accepted this and felt supported in making her own choices. She was supported by staff to look around these areas and familiarize herself with different pockets within them.

5.2.10 Z found a property she liked a small semi-detached bungalow in a lovely residential area. The property was let through an Estate Agent who was acting on behalf of the Landlord and went to view the property with staff support and she instantly fell in love with it.

5.2.11 Staff identified questions to help Z with viewing the property ie council tax banding, energy efficiency, security and safety issues, carbon monoxide checks, fire tests and gas safety checks. Z wanted to apply for this property and asked for full support to do so she was very nervous but at the same time very excited, it was lovely to see this change in a person. Staff worked with Z to find a reputable letting agent, who would not charge excessive amounts. Budget planning with Z to make sure she could afford the property. Using the budget plan to look at all incoming and outgoing monies.

5.2.12 Outcome

Z has moved into her new bungalow and is really happy, she is travelling by bus independently, she is doing volunteer work two days a week, Z has new social interests including going to the Gym at least twice a week and of course Costa Coffee for the ultimate Hot Chocolate. Z has worked with us about "moving on" and wants to support others in their journey she has been working on a BLOG which details her thoughts around moving on. She has enjoyed her journey although at times she has struggled massively with anxiety she has said that she has always felt supported. Z has agreed to work with senior support worker and Occupational Therapist on "moving on groups" in the future to come in and talk about her experiences. The next step for Z is to move on in to employment and build her confidence in this area, the courses she has accessed at Costa Coffee and her volunteering roles have introduced her back to a 'work environment' and the Occupational Therapist and Support Workers will continue to build on this and support Z to identify new opportunities as part of her 'work plan' and build on the new skills she has gained from the support she has received from the In-House Prover Service.

5.3 Deprivation of Liberties Safeguards

High numbers of applications for authorisations for Deprivations of Liberty (DoLS) continue to be received by the Council and each authorisation for a Deprivation will require at least one full reassessment in any 12 month period.

At the current rate the Council's DoLs team expects to receive in the region of 1,000 applications in 2016/17; some of those will be for reassessment, some will be new applications and some are referred on to the appropriate supervisory body (other Councils) where they are the funding body for that person's placement.

The purpose of an authorisation is to ensure that those who lack capacity to agree to their care and treatment and are not free to leave the placement (in that they would be brought back in their best interests should they leave) receive the care that is proportionate to their needs. The benefits of such a specific focus on the needs of such individuals are that they can be provided with care that is dignified and respectful and delivered in the least restrictive way according to each circumstance. To ensure that dignity and respect are embedded, staff at all levels in the majority of care homes and care homes with nursing across Blackpool have been encouraged to consider a particular approach to delivering safe care through taking a preventative approach. This has been supported by a wide-ranging programme of face to face training delivered free by the Council's Adult services Professional Leads team.

Feedback from staff and teams who have identified a change in their approach following the training can be seen from a selection of their comments as follows:

- *I will take on board different methods of care to promote more dignity and free- will and will also learn from previous mistakes I have made unknowingly while caring for my service users.*

- *This training was very good and very informative and I have learnt a lot and feel more confident as a manager in our home re safeguarding and Dols.*

- *The training highlighted importance of a holistic approach to providing care and my responsibility to coach staff in the CQC Principles of care.*

- *Thank you so much for the training yesterday, the team haven't stopped saying how fantastic and enlightening it was.*

5.4 **Safeguarding Adults**

In 2015/2016, 790 concerns were referred to Adult Social Care for safeguarding consideration; 400 of those were referred further through into the safeguarding enquiry process. Concerns that do not warrant a formal safeguarding enquiry process are dealt with in a number of other ways by (for example) Social Work intervention with the individual or their family or carer, by Social Workers and health colleagues working alongside the individual and the provider services to improve the quality of care required to an individual, or through contract monitoring processes.

In some cases, the numbers or level of concern regarding a particular care provider who appears not to be able to meet resident needs will generate a more complex multi-agency approach. This ensures that individuals are safe where those concerns or lack of care have triggered a pattern of safeguarding concerns.

There are cases however where some individuals who may have been resident in a care / nursing home for some time are often very reluctant to change even though they their care may have been inadequate to their needs thereby placing them at risk of harm. The task of a multi-disciplinary team is to assess their needs holistically, negotiate with the individual and family about a move, source information to enable to family to make informed choices and facilitate a positive change and ensure that the needs of those who remain with the provider are appropriately catered for.
To achieve this, Adult Social Care staff work with their appropriate Heads of Service, the Council's contracts and commissioning team, the Director of Adult Services, the Care Quality Commission, the constabulary's Public Protection Unit, Fire and Rescue Services, North West Ambulance Services, District Nursing staff, the Clinical Commissioning group, individuals, families, the provider and others. This ensures a close partnership understanding to make sure that the lives of those people who may subject to inadequate care or harm is improved and that others are made safe.
In a minority of cases the Council will cease trading with providers.

Examples of where reluctant individuals have moved successfully to meet their needs can be demonstrated by their own anonymised feedback reported by their Social Worker after the move:

- A says that she is very proud of her new room although she still presents as being a little disorientated as she finds her way around her new surroundings. Staff state she is settling well.
- B says that the food is much better than at X care home. He states that he can now have the choice of a cooked breakfast in a morning.
- C states that everything is “wonderful "and his only regret is "that we didn't move earlier ". His blood sugars are back to normal. All risk assessments and charts have been completed and are on file. (C and his wife moved homes together at the same time).
- D says that she is happy and settled. Her room is clean, bright and comfortable. D stated "I enjoy it better here than I was before. My room is lovely and I am doing well with my food." Falls risk assessment, MUST, nutrition and pressure area risk assessments all completed.
- E was very emotional about the quality of his new room.

5.5 REGULATED SERVICES

5.5.1 CQC Residential Care Inspection Outcomes Update

63 Residential and Nursing Providers have been inspected under the CQC’s new methodology. There are 8 Providers who have yet to be inspected or who have been inspected and we are awaiting the CQC’s report.

	Blackpool	Blackpool	National Total	National Total
	Residential	Residential	Residential	Residential
	Number	%	Number	%
Outstanding	3	4.76%	94	0.60%
Good	51	80.95%	8,806	56.37%
Requires Improvement	9	14.29%	3,501	22.41%
Inadequate	0	0.00%	3,222	20.62%
	63	100.00%	15,623	100.00%

National figures correct as at 02.08.2016
Blackpool figures correct as at 02.08.2016

Case Study – Home A – Sudden Onset Of Quality Concerns – As At 05.08.16

- Residential Home without nursing
- Registered for 24 adults
- Caring for adults over 65

5.6 Extent of Concerns

Home A is traditionally a service which, whilst never achieving excellence, has always provided a good level of care and has not been on the radar for either CQC or Blackpool Council. Several inspections have been carried out by CQC over the past few years with no issues being raised and very few concerns or safeguardings being raised through the Council.

5.7 The home was recently inspected by CQC who have raised concerns that the care was poor.

5.8 The home was inspected by CQC over two days. The first day was unannounced but the home was given some notice of the second visit.

5.9 The inspection found 8 breaches of regulations

- Regulation 9 - Person Centred Care – care plans not being followed; daily records not being updated correctly.

- Regulation 11 - Consent – residents rights not being protected; restrictions put in place without consent of appropriate person; Mental Capacity Act not understood or followed by manager or staff.

- Regulation 12 - Safe Care & Treatment – 4 safeguardings raised following the inspection relating to possible neglect of residents. Medication is also an issue.

- Regulation 13 - Safeguarding – internal systems not working to ensure residents safeguarded.

- Regulation 17 - Good Governance – Care records poor; daily records didn't match care plans;

- Regulation 18 - Staffing levels & staff training – sufficient staff appeared to be on duty at the time, but they were not deployed appropriately.

- Regulation 19 - Recruitment – references and/or DBS checks were not in place for staff.

- Notifications - this is a registration regulation – the home has not been notifying CQC of serious incidents.

5.10 CQC has confirmed that the home will be Inadequate in the areas of Safe, Effective and Well Led; Requires Improvement in Caring and Responsive and will be Inadequate overall and placed in special measures.

5.11 The CQC will be issuing a Notice of Proposal to cancel the registration of the manager and the provider and have advised them that, if they want to appeal, they both need to submit representation together. The provider will have 28 days to submit the representation.

5.12 CQC was intending to issue a Notice of Decision to suspend admissions; however they were out of their 28 day timescale between inspection and action. Following discussions with the provider, the home agreed to voluntary suspension of new admissions.

5.13 The CQC has met with the directors of the home and they have been made aware of the findings.

5.14 CQC has implemented a Schedule 3, which requires the provider to complete an up to date application and references for the directors and the manager. This covers their experience, qualifications and history.

5.15 CQC has also requested a renewal of the home's Statement of Purpose – at present it does not say that they deal with people with dementia, although a lot of the residents do have a dementia diagnosis.

5.16 The CQC has advised that they will be reviewing all the homes that the directors are involved with.

5.17 <u>Action Taken</u>
Risk Summit held and home formally suspended to new packages of care.

5.18 Attendees included:

- Head of Contracts and Commissioning
- CQC Inspection Manager
- CQC Inspector

- Representatives from Blackpool CCG, District Nursing, Adults Social Care, Public Protection Unit

Action plan to be drawn up on receipt of draft CQC report.

Meeting arranged for Head of Adult Social Services and Head of Commissioning to meet with the Directors of the home to discuss concerns,

Fire Brigade to reinspect due to the concerns regarding lack of staff and ability of residents on the upper floors to escape in the event of an emergency.

Reviews of residents are being undertaken and those whose needs are not being met are being moved. Four residents moved to date with one more to be moved. Will leave 12 residents at the home.

5.19 Risks

The Home is part of a group which has had some historic cash flow issues. Reduction in income resulting from formal suspension may result in threat to viability of the group which has one other home in Blackpool. Contingency plans are being drawn up.

The Owner may decide to close home resulting in the need to move residents quickly. All residents needs have been reviewed.

5.20 CQC Care at Home Inspection Outcomes Update

The CQC has inspected 14 contracted Care at Home agencies under the new methodology. There are three Providers who have yet to be inspected or who have been inspected and we are awaiting the CQC's report.

	Blackpool Care at Home Number	Blackpool Care at Home %	National Total Care at Home Number	National Total Care at Home %
Outstanding	0	0.00%	42	1.07%
Good	12	85.71%	3,013	77.10%
Requires Improvement	2	14.29%	792	20.27%
Inadequate	0	0.00%	61	1.56%
	14	100.00%	3,908	100.00%

National figures correct as at 02.08.2016
Blackpool figures correct as at 02.08.2016

5.21 Case Study – Provider B – Lifting Of Suspension – As At 05.08.16

- Homecare agency
- Caring for adults over 65 yrs
- Caring for children (0 - 18yrs)
- Dementia
- Mental health conditions
- Physical disabilities
- Sensory impairments

The latest CQC inspection report was published on 29/9/15. The service was inspected on 5 outcomes and the overall outcome was found to be 'GOOD'.

- Safe – Good
- Effective – Good
- Caring – Good
- Responsive – Good
- Well-led – Good

Extent Of Concerns:

- Missed visits
- Staff arriving late
- Staff falling asleep on duty
- Lack of consistent staff
- Staff's understanding of safeguarding procedures
- Report writing
- Service users missing appointments
- Medication processes / errors
- Standards of care and support
- Staff not following guidance from CLDT
- Investigation / Disciplinary processes
- Staff training levels
- Failing organisational leadership and accountability structures
- High levels of safeguarding activity

Action:

- Suspension to new care packages
- Action Plan

- Weekly meetings with provider
- Support to develop policy and procedure
- Support to implement significant management and operational change within the organisation

Provider Response:

- The director took on board performance concerns
- The provider cooperated well with the action planning and improvements
- Provider developed a clearer understanding of the quality and standards of support that were actually being provided overall and the reality of what this looked like.
- The provider set up weekly task force meetings to target efforts at improvement work.
- The provider opened up communications within the organisation around issues / concerns / compliments / complaints, and learning from them.
- The provider invested additional resources in staff training

Outcome

- Service users are reporting fewer missed and late visits and on the occasions that there are problems service users are happier with the way that the service responds.
- Service users are reporting fewer complaints about the quality of service because provider staff are clearer about what is expected of them.
- Because the service is better it is safer for service users and less safeguarding activity is being generated.
- Service users' relationships with the provider have improved because the service to them is better.
- The providers' relationship with the Council has improved because there is better understanding about expectations.

Does the information submitted include any exempt information? No

List of Appendices:
None.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.