Report to:	Resilient Communities Scrutiny Committee
Relevant Officer:	Karen Smith, Director of Adult Social Services
Relevant Cabinet Member	Councillor Graham Cain
Date of Decision/ Meeting	2nd July 2015

THEMATIC DISCUSSION: QUALITY AND RESIDENTIAL CARE

1.0 Purpose of the report:

1.1 To describe the current position with regard to quality and residential care in the following areas:

- Size and scale of the residential care sector
- Issues impacting on quality
- Measures in place to ensure quality is maintained at an acceptable level
- Areas where there is more work to do

2.0 Recommendation(s):

2.1 To consider the report, discuss areas of interest to Scrutiny Members, and to make recommendations regarding any further actions required.

3.0 Reasons for recommendation(s):

3.1 Scrutiny Members have requested a thematic discussion on this subject.

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:
Not relevant

4.0 Council Priority:

4.1 The relevant Council Priority is

- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged
- Attract sustainable investment and create quality jobs
- Encourage responsible entrepreneurship for the benefit of our communities
- Deliver quality services through a professional, well-rewarded and motivated

workforce

5.0 Background Information

5.1

- Residential care provides short term and long term round the clock care for people who are unable to live in their own home.
- Life expectancy is increasing and people are accessing services later in life. This means that the majority of people in residential care have increasingly complex needs.
- There is an increased requirement for end of life services, as more people are cared for other than in hospitals and hospices at the end of their life.
- Dementia is on the increase, and all providers need to understand the disease and how to manage it in addition to meeting other needs in residential care.
- People have a choice of care providers; for those unable to make a choice themselves, a formal or informal advocate and Best Interests Decisions is the way the choice is made.
- Information about what is available and the needs it meets are contained in an online information system Blackpool4Me. There is also factsheet information to provide guidance and help with choosing a suitable home.
- In Blackpool, 80 registered residential and nursing care homes offering some 1700 places between them. This figure includes 15 nursing homes.
- At any one time, there are up to 100 vacancies in residential homes.
- There is a shortage of places in Elderly Mentally Infirm homes (EMI), supporting the needs of people with significant dementia.
- All homes are registered with the Care Quality Commission (CQC), must meet their Regulated Standards, and are subject to the CQC inspection regime

5.2 Performance Issues

5.2.1 Blackpool has a higher rate of admissions to residential care for older adults than its regional comparators. A plentiful supply, coupled with an ageing, increasingly frail population contribute to this. Wherever appropriate, people are supported with a reablement package prior to a final decision on entering long-term residential care, consistent with many people's aspirations and with policy on helping people to remain at home for as long as they can safely do so, with or without support for their independence.

5.2.2 The majority of providers are compliant with CQC standards. There are a small number that are not compliant at any one time; currently this figure is 9.

5.2.3 The majority of providers are on our normal contract monitoring schedule. However, 5 providers are on enhanced monitoring, and 2 providers are on suspension due to ongoing performance issues as part of the Council's own performance monitoring arrangements. Further details of this are detailed later in this document.

5.2.4 Over time, as more people have been supported at home for longer, the concentration of complex needs within residential homes has increased; some providers have struggled to keep pace with the changes this requires in care and support, staffing numbers, training, oversight, and general medical issues.

5.2.5 The Care Quality Commission launched a revised set of standards last October, and as part of a major restructure, has a new Regional Lead, Debbie Westhead, who has given a clear lead that the standards must be rigorously upheld by providers. Some providers have struggled to get to grips with the revised standards and the changes they may need to make.

5.2.6 A change in case law in March 2014, brought many more residents within the formal Deprivation of Liberty Safeguards (DOLS), that are designed to ensure that any constraints on the liberty of a person without capacity (for example due to dementia) are clearly documented and agreed as in their Best Interests. For providers and for the Council, this has massively increased the number of DOLS applications and reviews required, and left a lack of clarity in some areas of practice as to whether they require authorisation or not.

5.2.7 Terms and conditions for staff in this industry are generally low, with typically National Minimum Wage rates for the majority; statutory minimum holidays and sick pay; minimum required training levels; training undertaken on rest days and a shortage of suitably skilled workers willing to do this work. 7 residential homes are currently without a Registered Manager – a key factor in the delivery of a compliant, good quality service.

5.2.8 Safeguarding alerts from residential care settings represent the single largest source of safeguarding issues. Apart from general issues with quality of care or the behaviour of individual members of staff, significant areas of difficulty for providers relate to safe management of medication, appropriate support for individuals with behaviour that challenges, and appropriate measures for the care of people vulnerable to pressure sores.

5.2.9 In addition to the fee paid by the Council for those residents supported by us, some providers charge a top up for services or facilities over and above what is considered their 'core offer'. It has sometimes been the case that providers attempt to charge a top up to supplement the contract fee paid by the Council.

5.2.10 A number of measures are in place in Blackpool that are designed to improve the support on offer to providers in areas that have created difficulties in delivery of a quality service. These are detailed below.

5.3 Provider Issues

5.3.1 Providers' costs are increasing in areas such as staff wages (with a further increase in national Minimum Wage due), utilities costs, changing care and support requirements, keeping up to date with training, and a difficulty in recruiting staff of an appropriate skill level. In addition, in those providers with vacancies, this increases their unit costs.

5.3.2 Historically, Blackpool's fees have been amongst the lowest, due in part to the significant over-supply of residential care places and generally lower running costs locally.

5.3.3 Unlike many areas, there are not large numbers of self-funders, with more ability to pay increases in fees. All residents supported by the Council are means-tested and pay a contribution according to their means. No-one is left without a basic level of income from which to by daily essentials like toiletries and clothing.

5.3.4 Providers tell us that they do not always receive the full information they want or need regarding care plans. This is more likely to be the case where an admission is an emergency or a discharge from hospital – where not only does time impact on the information available, but the information itself may not yet be known to those involved in handing over the care.

5.3.5 It can be difficult to maintain the training of all staff in a setting where staff work on rotas, and the rotas work round the clock, particularly where staffing levels are at a minimum.

5.4 Measures in Place

a) Fees
The Council has recognised the historically low level of fees and following a 'Costs of Care' modelling exercise, agreed an uplift, phased over three years, despite having significant cuts to make from its budget. We are currently in the second year of this implementation

b) Performance Monitoring
The Council has a robust performance monitoring policy and procedure, which includes weekly performance monitoring oversight reports, enhanced monitoring where there are issues, and clear, time-bound actions agreed to deliver improvements.

c) Contract monitoring
For those providers where there are no reported performance issues, formal monitoring visits happen at least annually. Contracts staff will contact providers where issues occur in between and vice versa.

d) Residential Provider Forum
This is a representative body for residential providers. Not all providers attend, but all providers receive invites, agendas and notes. This forum is used to discuss common problems and issues, seek and receive feedback, provide important updates, conduct ad hoc improvement work, and as an information exchange.

e) Support for safe administration of medication, for the care of people with dementia, for meeting health needs, and for dealing with Deprivation of Liberty Safeguards (DOLS) questions
The Council employs a Pharmacist and a dementia specialist, and there is a specialist Health team supporting providers in the meeting of health needs within residential care settings. The Council's DOLS team supports providers where there are difficulties relating to Deprivation of Liberty Safeguards.

f) Telecare and Telehealth monitoring, aids and equipment
Providers are able to access a range of telehealth and telecare devices, as well as aids and equipment to support the safe delivery of care.

g) Access to training
Providers are able to access a range of training available from the Council and its partners, often free of charge.

5.5 **Measures in the pipeline**

a) **Provider input to contract and performance monitoring**
The Council has recently invested in an additional post, which will place someone with many years of provider experience in the contracts team – meaning that the Council is able to provide support to willing providers where needed on tricky provider issues, and enhancing the knowledge of the contract monitoring and performance management function to further enhance the robustness of existing performance management.

b) **Development of 'MyClinic' and other electronic aids**
As technology develops, there is a growing range of devices able to monitor health on a regular basis and assist with the early detection of deteriorations, as well as an increasing set of devices to assist with safe oversight in the least obtrusive and restrictive way.

c) **Extensive Care service**
The Council is working jointly with the Clinical Commissioning Group (CCG) and the Acute Trust (Victoria Hospital) on the development of a service to those people with two or more complex conditions, who are typically also frail and elderly. This represents 3% of the population, but a large proportion of all the Health spend on the population as a whole. In addition, this group of people are unlikely to 'get well' and their experience currently is one of revolving hospital admissions and discharges and separate referrals to any number of services. By working better together to help people better understand and manage their conditions, and ensure all the required health, social care and community support is put in place, it is expected that people will remain independent for longer.

d) **Bespoke Payments for enhanced levels of care specific to individuals**
Work is underway to clarify and articulate the circumstances in which additional payments will be made to residential providers, and the rate(s) at which these will be made.

5.6 **More work to do**

a) **Consideration of how terms and conditions and wage levels can be improved**
The Council has a clear strategic intention to encourage the payment of Living Wage levels in all its contracts and support this principle across the town. Residential care represents a significant workforce in this respect. The Cabinet Secretary has directed that a project group, supported by the Cabinet Assistant, begins work to explore this in more detail for all areas of adult social care delivery to facilitate an understanding of what this would entail, and the issues involved.

b) **Recruitment and retention improvement work**
Notwithstanding pay and other terms and conditions, there is scope for the Council to work together with providers in a marketing campaign that outlines the value and reward from a career in social care, and improve the understanding of the range of roles available, and the opportunities these present in terms of career pathways, family-friendly workstyles, and a rewarding career.

c) **Safeguarding input to contract and performance monitoring and support for providers where there are difficulties**
Consideration is underway as to how to improve the prevention and management of safeguarding issues within residential and care at home providers settings.

d) **Developing an improved information flow on admission to residential care in urgent situations**
During the coming year, Adult Social Care will work with providers to better understand the circumstances in which information is lacking on admission, the risks that this poses, and how these risks can best be managed

e) **Consideration of how more frequent monitoring and/or support for sustained quality where there are not significant issues could work within available resources to head off difficulties at an earlier stage**
Whilst the commissioning and contract monitoring function has received additional resources at a time of significant budget cuts, in recognition of the essential role this function plays, there is work to do on developing a much earlier 'early warning system' for problems, harnessing the knowledge and observations of a wide range of professionals and community members, and working with providers to nip problems in the bud at an early stage.

f) **Review of the Quality Scheme**
Work is currently on hold due to competing priorities, but will shortly restart in this area. The existing Quality Scheme has been in place for some ten years and served its original purpose of rewarding better facilities and more formal quality standards in residential homes for older people. Consideration of whether a Quality Scheme is still needed, and if so, its purpose and form will be a key part of this work.

Does the information submitted include any exempt information? No

List of Appendices:

Market Position Statement (attached)
CQC Standards
http://www.cqc.org.uk/sites/default/files/20150324_guidance_providers_meeting_regulations_01.pdf

Managing Poor Performance Policy and Process (attached)

6.0 Legal considerations:

6.1 Some of the matters under consideration will have legal implications. These will be evaluated as part of the work underway.

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 Some of the matters under consideration will have financial implications. These will be evaluated as part of the work underway.

10.0 Risk management considerations:

10.1 There are a number of risks in the residential system relating to quality. These are taken into account in the measures to address quality issues in place, in development, or in future plans.

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 Not applicable

13.0 Background papers:

13.1 None