

Report of the Director of Adults and Health

Report to Scrutiny Board Adults, Health & Active Lifestyles

Date: 26 November 2019

Subject: The Quality of regulated services operating in the Leeds City Council boundary and CQC inspection outcomes May 2019 to September 2019

Are specific electoral wards affected?	☐ Yes	☒ No
If yes, name(s) of ward(s):		
Has consultation been carried out?	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Will the decision be open for call-in?	☐	☒ No
Does the report contain confidential or exempt information?	☒ Yes	☐ No
If relevant, access to information procedure rule number: 10.4(3)		
Appendix number: 2		

1 Purpose of this report

- 1.1 The purpose of this report is to provide members of the Scrutiny Board with details of the quality of regulated services operating in the Leeds City Council boundary. The report sets out the work which is being undertaken within Adults and Health (A&H) and wider partners to ensure improvements in the quality of services are being maintained and includes the most recent inspection outcomes for social care providers reported by the Care Quality Commission (CQC).

2 Background

- 2.1 Leeds has 268 regulated social care providers operating within the city providing a range of social care services including care homes (residential and nursing) for older people and working age adults, homecare, supported living services, extra care . All these services are regulated by the CQC who will regularly inspect and rate providers with ratings ranging of Outstanding, Good, Requires Improvement or Inadequate.
- 2.2 To help ensure the Scrutiny Board maintains a focus on the quality of social care services across the City, the purpose of this report is to provide an overview of the approach being undertaken within Adults and Health and wider partners to improve the quality of regulated services in the city.

- 2.3 A system of routinely presenting and reporting CQC inspection outcomes to the Scrutiny Board has now been established. The processes involved continues to be developed and refined in order to help the Scrutiny Board maintain an overview of quality across local social care service providers.

3 Main issues

Adults and Health Approach to Quality Improvement of regulated services

- 3.1.1 In response to concerns about the overall quality of care home provision, a number of projects and programmes of work have been initiated over the past 3 years by the Council and/or the CCG aimed at supporting improvements in the quality of care provided in the independent sector.
- 3.1.2 There are 268 regulated social care providers in the city including the services Adults and Health run in-house. Adults and Health currently contract with the majority of care homes in the city, 4 extra care providers and 4 primary plus 6 framework home care providers, but also commission home care from various other providers on a spot purchasing basis.
- 3.1.3 Where A&H contracts with providers, the directorate monitors these contracts through monitoring teams within the directorate's commissioning function. All contracts will contain a set of standards which the council will expect providers to deliver when providing services to the citizens of Leeds. Commissioning officers establish and maintain close relationships with the registered managers of services through contract management meetings and also carry out unannounced contract compliance visits at the care homes and home care providers to establish that standards contained in the contract are being met and maintained. Where there is any health related care input as part of the service, such as nursing homes, commissioning officers will undertake any visits or monitoring meetings in conjunction with contracts and quality staff from the Leeds CCG.

Care Homes Oversight Board

- 3.1.4 As part of the framework to integrate the work of commissioning within Adults and Health and the CCG, a Care Homes Oversight Board was established in March 2019, and is co- chaired by the Deputy Director of Integrated Commissioning and the Director of Operational Delivery at the CCG. The Board has representation from NHS providers including Leeds Teaching Hospitals Trust (LTHT), Leeds Community Healthcare Trust (LCH), Leeds and York Partnership Foundation Trust (LYPFT) together with representation from independent sector care home providers and Third Sector organisations such as Leeds Older People's Forum and Carers Leeds.
- 3.1.5 The Care Homes Oversight Board's role is to oversee the implementation of an action plan with a range of projects which have been developed over the last few years to assist care homes in improving the quality of the services they provide. The action plan consists of four main themes which are:
- Home, Hospital, Home which include projects such as the introduction of Trusted Assessors, who are employed as part of Leeds Care Association and help facilitate prompt discharge of a person from hospital to a care home and React to Red initiative, which is a national campaign to prevent pressure ulcers in care settings.
 - Quality Improvement with projects including the Red Bag Scheme to assist the flow

of information when a person is being transferred to and from hospital, Medicines Management and Telemedicine.

- Technology which includes the Digital Innovation Programme – Connecting Care Homes and the Leeds Care Record
- Workforce which includes development of the Leeds Care Awards and the Leadership Academy.

3.1.6 The Board meets on a bi-monthly basis and is supported by a delivery group, which meets two weeks prior to the Board meeting, who ensures that progress is being made on all the projects within the plan, that risks and resources are being managed appropriately in respect of each project.

Strategic Direction Meeting

3.1.7 In June 2017 a Strategic Direction Meeting was established to include representatives of the Leeds Care Association (LCA), other care home providers and commissioners from the A&H Directorate and from Leeds Clinical Commissioning Group (CCG). This forum is facilitated by A&H, meets quarterly and is chaired by the Chair of the LCA.

3.1.8 The purpose of this forum is to discuss strategic issues that impact on the independent sector care home provision in the city, including the cost of care and provider sustainability, workforce, capacity and future developments in the market. Any specific projects which may arise from this meeting will be included in the action plan and overseen by the Care Homes Oversight Board.

Care Quality Commission meeting

3.1.9 In order to ensure that intelligence concerning the quality of service delivered by registered providers is shared appropriately, Adults and Health and the CCG contracts teams meet on a regular basis with inspectors of the Care Quality Commission. In addition, contracts officers have working relationships with the CQC inspectors in order that issues of poor quality can be picked up and addressed in a timely way.

Care Quality Team

3.1.10 In October 2017, the council approved a recommendation to establish a Care Quality Team (CQT) to assist regulated providers where the quality of the care services were not meeting the required standards. The team were recruited over the next six months and started working directly with older people's care homes in the second half of 2018. To date, the team have worked with over 20 care homes in the city with varying input from a single conversation offering advice or guidance to a manager through to weekly/daily visits to the home to work directly with the manager and staff.

3.1.11 The work the CQT have been involved in has ranged from advice and guidance on medications management, compliance audits, CQC inspection preparedness, care-planning and management audit processes. During this period, the team have worked with 4 major care homes in the city where they have been able to provide assistance to significantly improve the home's rating, 2 of which were Inadequate and 2 Requires Improvement, all of which are now rated Good (see table below).

Care Home	Type of Care Home	Initial CQC rating and date	Final CQC rating and date
Wykebeck Court	Nursing	Requires Improvement – 3 rd April 2019	Good – 24 th October 2019

Lofthouse Grange & Lodge	Residential	Inadequate – 19 th September 2018	Good – 12 th July 2019
Atkinson Court	Nursing	Inadequate - 18 th April 2018	Good – 2 nd July 2019
Seacroft Grange	Nursing	Requires Improvement – 20 th July 2018	Good – 30 th September 2019

3.1.12 In addition to the direct work with specific care homes, the CQT has also been engaged in various items of work to ensure the older people's care home sector, as a whole, can improve the quality of services being delivered to residents. The CQT has worked closely with colleagues in the CCG and wider health partners to ensure various quality initiatives are introduced in the sector. Some of these initiatives have included:

- Support to CCG colleagues in implementing the use of red bags to improve the quality of transfers to and from care homes to hospital.
- Working with CCG and the contracted service providers to increase usage and understand the impact of tele-medicine in the pilot care homes (which now number a total of 30 residential and nursing homes) to avoid hospital admissions.
- Work with the implementation team from LCH and LTHT to ensure regulated providers are aware of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment which is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices) and to feedback concerns to the implementation team around the ReSPECT documentation.
- CQT are at an early stage of working with NHS, Digital and the City Digital partnerships team to improve communication between health services and providers and to allow providers access to the various services such as Leeds Care Record.
- CQT are supporting and re-energising the use of dementia care mapping in Leeds and have two fully qualified dementia care mappers to help improve dementia care services in the home.

Home Care

3.1.13 Work has recently commenced to review and remodel our commissioning arrangements for home care. Leeds has a bold ambition over the next two years, to fundamentally change the way homecare is delivered in the city to ensure it is more focused around the outcomes for an individual. It is also the intention to ensure that a joint arrangements are in place between A&H and the CCG for an integrated homecare service for the city. This will involve consultation with all stakeholders including active involvement of service users, carers and service providers, and oversight by elected members.

3.1.14 To assist with this process, A&H have commissioned an organisation, Vanguard, who have developed expertise in working with public services to challenge their thinking and to redesign services differently from ways that organisations have traditionally worked. Vanguard will support the Council and the CCG to re-think home care and to redesign the commissioning approach and the delivery of care based support services, based on the Vanguard Method of 'Check, Plan and Do'.

- 3.1.15 A&H will also work with the NDTi (the National Development Team for Inclusion), who have been already been working closely with the social work teams to embed a strengths based way of working, to help develop strengths based commissioning practice.
- 3.1.16 A&H currently contract with 10 home care providers through the main primary and framework contracts the council procured in 2016. A considerable amount of work has been undertaken with these organisations to increase the level of quality of care being provided and to help them deliver the services required by the contract. Commissioning Officers have held regular meetings with the contracted providers to address quality concerns which have arisen. Currently, the primary and framework providers deliver 58% of the care commissioned by the Council, with 42% being delivered by spot providers.
- 3.1.17 A&H hold regular provider forums to facilitate discussions and enable best practice to be shared on topics such as winter planning, workforce and recruitment and safeguarding. In addition, briefing sessions have been held for all providers in relations to the EU Exit which have included sessions on business continuity/contingency planning and the EU Settlement Scheme.
- 3.1.18 To evidence the Council's commitment to ensuring good terms of employment for staff, the conditions of the home care contract awarded in 2016, mandated compliance with the Unison Ethical Care Charter (ECC). To ensure compliance with this provision in the contract, the Council approved the establishment of a dedicated ECC Team in November 2018. The team is now fully established and based within the contracting function of the directorate.
- 3.1.19 From February 2019, the newly-recruited ECC Compliance Team, commenced a programme to review and confirm full compliance with the ECC, using a specially devised Compliance Audit Tool. A planned programme of validation visits then began with the contracted four Primary providers, specifically targeted as they employ the highest number of Community Care Assistants. As part of measuring and validating compliance, the current two Ethical Care Charter Officers planned a robust programme of activity, in conjunction with Officers from the Contracts Home Care team and senior leaders, including comprehensive site visits to review policies, documentation, employment contracts, rotas and actual care delivery, alongside a key element of staff consultation. These visits included two Officers spending two full days with each provider.
- 3.1.20 Overall, the findings of the ECC compliance visits with Primary providers were positive and show their compliance with the majority of areas of the Unison Ethical Care Charter. Any feedback and actions required from Providers are being addressed by Home Care Contracts Officers through on-going contract management meetings and these will be evidenced to ensure completion. Over the next 6 months the ECC Team are now planning to carry out ECC compliance visits with all Framework providers, taking the same approach.
- 3.1.21 As part of A&H commitment to staff working in care, Home Care Contracts and the Care Quality Team are working together to create a publicly accessible web resource to provide staff with clear, independent information about their rights and sources of support for well-being, including our recently launched community mental health contract, Live Well Leeds, and other support like the Money Information Centre.

- 3.1.22 In December 2018, the Director of Adults and Health approved a recommendation to vary the existing Community Home Care Contract to enable a payment to be made to providers to cover a period of up to 2 weeks whilst a service user who is receiving a home care service is in hospital. Payment is made to the provider to ensure that they resume the service immediately at the point the service user is due to be discharged from hospital within the 2 week period. In addition, the Director also approved a pilot scheme to run an interim homecare service (initially referred to as a rapid response service) which enables providers to ensure individuals can be safely and effectively discharged from hospital once they are deemed medically fit, usually within 24 hours.
- 3.1.23 Contracts were varied for all providers in relation to the payment for hospitalisation and this initiative is proving to be successful in that it has resulted in a significant reduction in the length of time people are delayed in hospital as a result of waiting for their care package to restart. With regards to the interim home care service, only one provider took up the opportunity of developing this service. This is because the other providers have sought to focus on and prioritise the delivery of their main contractual requirements by increasing capacity rather than to take on this new initiative. Where the service has been started, it is being extended to cover the winter period and will be fully evaluated over the next six months to establish if the scheme will be continued beyond the first year of operation.
- 3.1.24 Since the introduction of these initiatives, Adults and Health have seen the weekly number of outstanding care packages for people who are waiting in hospital fall by over half. As at 30th September 2019 there were 10 individuals in hospital waiting for their care provision to start, whereas at the 24th September 2018 there were 26 people waiting, in hospital, for their care service to start. Whilst it is not possible to directly attribute this fall to these two initiatives, these are the only two changes that have been made to the process for brokering and allocating care packages for people in hospital.

Quality and Sustainability of Nursing Care

- 3.1.25 The quality and sustainability of nursing care remains both a local and national issue. A specific piece of work has been undertaken to focus on recruiting, retaining and supporting the nursing workforce in the nursing home sector. This has been done through the Leeds Health and Care Academy, making use of the strong partnership across the social care sector, the NHS and academic institutions in the city. Over the past months consultation has been undertaken with nurses themselves and nursing home providers to better understand the challenges and what might practically help. As a result we are in the process of implementing the first sector-led improvement programme for nursing homes with provisional projects set out below.

Improving the quality of care in nursing homes		
Primary drivers	Secondary drivers	Projects
Curriculum and structure	Attract/ return to practice	Develop sustainable student placement programmes
	Accessible mentorship programme	Access to mentorship
	Student placements in good homes	
	Pitch at university	
On-going training and co-	Shared approach to re-validation	Create cross-organisational working/ reflection

Improving the quality of care in nursing homes		
Primary drivers	Secondary drivers	Projects
ordination of training	Shared learning opportunities	Develop NICHE* learning network
	Establish learning support networks/ communities of practice	Explore Quality assurance and shared learning opportunities across LCH, LCC, LTHT
	Establish nurse groups/ social media apps to communicate	
Inter-professional / organisational relationships Enhance the profile of care home nurses	Understanding roles/ "a day in their shoes"	Develop system shadowing programme
	Ambassador representation from nursing homes	
	Partnership approach with Local Care Partnerships and Primary Care Networks	Develop peer support networks within LCPs
	Pooled budgets and LCP approach: inter-professional practice across primary/ community/ acute nursing care	Develop system-wide approach to re-validation of practice to lever future change

(NB. NICHE stands for Nurturing Innovation in Care Home Excellence and is a partnership between care homes and academia. It is a platform that provides the leadership, expertise and inter-disciplinary collaboration that helps care homes innovate efficiently, effectively and sustainably. NICHE Leeds is based on the Dutch Academic Collaborative Centre on Care for Older People).

3.1.26 Leeds is to hold its first Quality in Care Awards in April 2020, which will recognise and celebrate excellence in the city's regulated adult social care sector. The event is being organised by Leeds City Council in partnership with the Leeds CCG and the Leeds Care Association, with Leeds City College being the main sponsor. The award categories include:

- Nursing home nurse of the year
- Care or support worker of the year
- Volunteer of the year
- Care home registered manager of the year
- Outstanding contribution to social care

3.1.27 Nominations will be open to any individual or service that provides CQC registered adult social care - in a nursing or residential care home as well as in people's own homes and anyone can nominate (e.g. a service user, family member, staff member or colleague in another organisation).

Brexit

3.1.28 Over the last few months, Adults and Health have been working with providers to prepare for Brexit. A&H have sent a template for contingency planning for Brexit, developed by the Care Provider Alliance, to all commissioned social care providers to assist them with their preparation for leaving the EU.

3.1.29 During the last 2 months, commissioning staff have been requesting copies of providers' contingency plans to ensure the necessary arrangements are in place to deal with a no-deal EU exit. In addition to the contingency planning, A&H commissioning staff have held 4 briefing sessions on Brexit, during August and

October, for all providers of social care, whether commissioned or not. This which included providing advice and guidance on contingency planning, the EU Settlement Scheme and general government guidance on Brexit such as the provision of medication and medical supplies in the event of a no-deal Brexit.

3.1.30 The directorate has also been completing surveys and returns for the Association of Directors of Adults Social Services and NHS England on the adult social care sector's preparedness for Brexit.

CQC Inspection reports

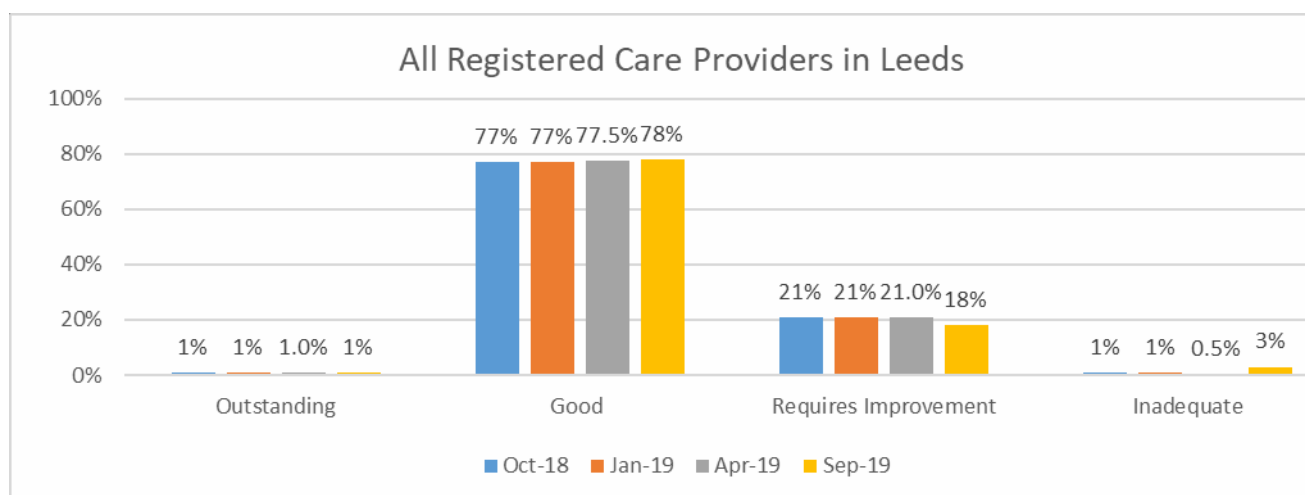
3.2 Appendix 1 provides a summary of the inspection outcomes for adult care services across Leeds published between May 2019 and September 2019.

3.3 It should be noted that the purpose of this report is only to provide a summary of inspection outcomes across health and social care providers in Leeds. As such, full inspection reports are not routinely provided as part of this report. However, these are available from the CQC website. Links to individual inspection reports are highlighted in Appendix 1.

3.4 During the period covered by this report CQC published 52 inspections. Of these services:

- 35 are rated Good
- 14 are rated as Requires Improvement
- 3 are rated as Inadequate
- 14 organisations have improved their rating since their last inspection, all moving from Requires Improvement to Good
- 18 organisations have remained at the same rating since their last inspection with 13 receiving a Good rating and 5 receiving Requires Improvement
- 7 organisations have received a poorer rating, 5 moving from Good to Requires Improvement, 1 from Good to Inadequate and 1 from Requires Improvement to Inadequate
- For 13 organisations it is their first inspection

3.5 The following chart shows the ratings for all adult social care registered services in the city who have been inspected, which includes all care homes and domiciliary care organisations, which include home care and supported living providers, as stated by CQC in their local area profile.



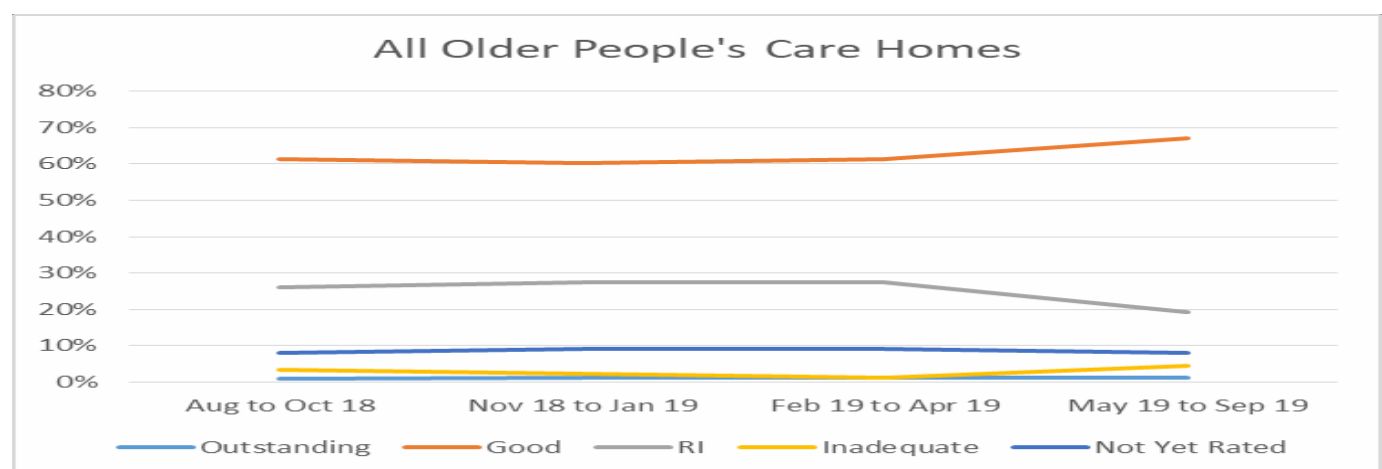
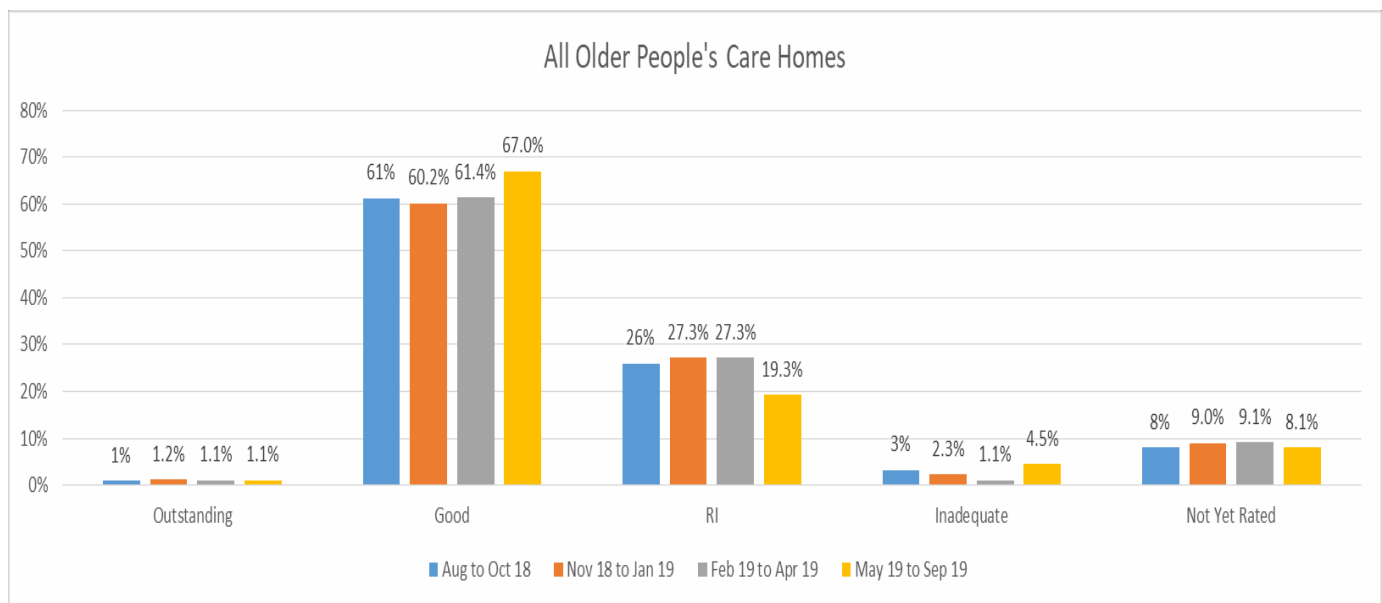
3.6 Older People's Care Homes

3.6.1 The following two Charts show a comparison of ratings from the previous quarter for all older people's care homes:

3.6.2 The following figures show the ratings for older people's care homes in the independent sector in the city as at the 30th April 2019 with a bar chart and trend data graph for each area:

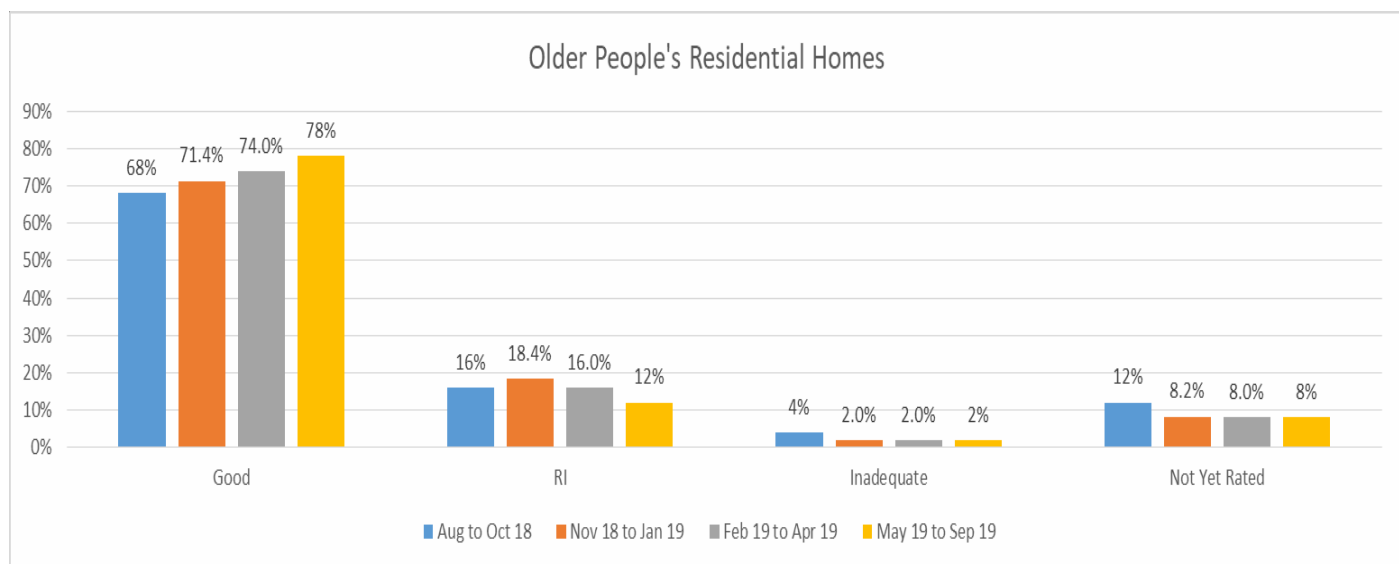
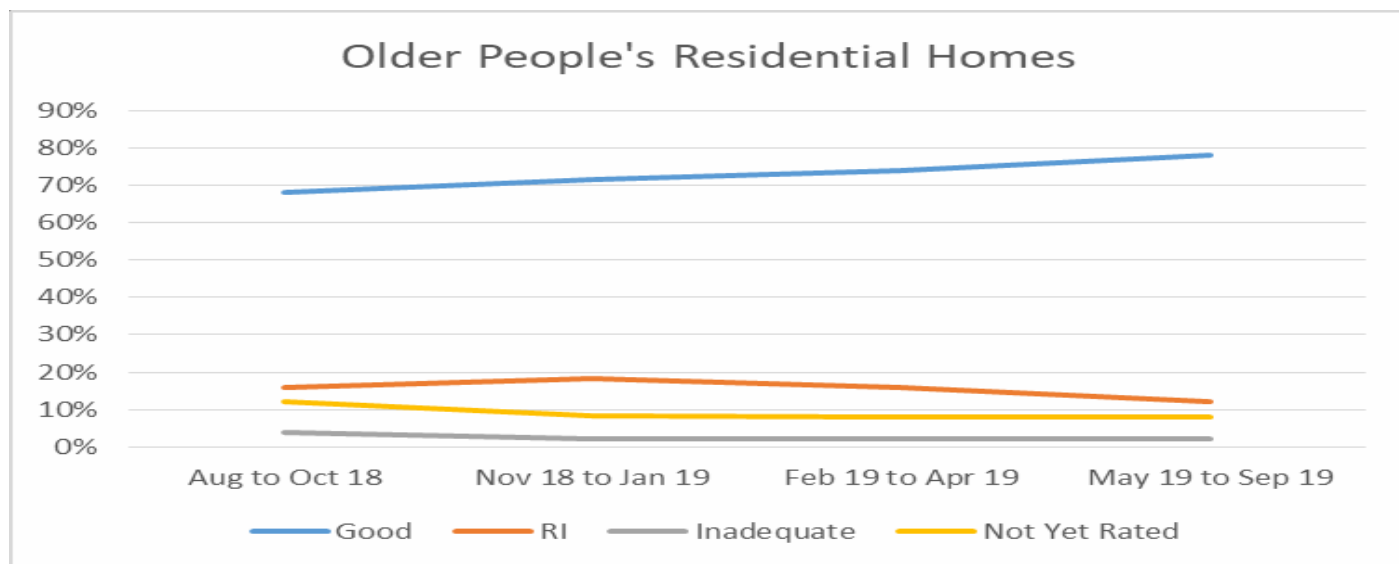
All Older People's Care Homes

- 88 independent sector care homes in total
- 1 rated Outstanding – 1.1%
- 59 rated Good – 67.0%
- 17 rated Requires Improvement – 19.3%
- 4 rated Inadequate – 4.5%
- 7 not yet rated – 8.1%



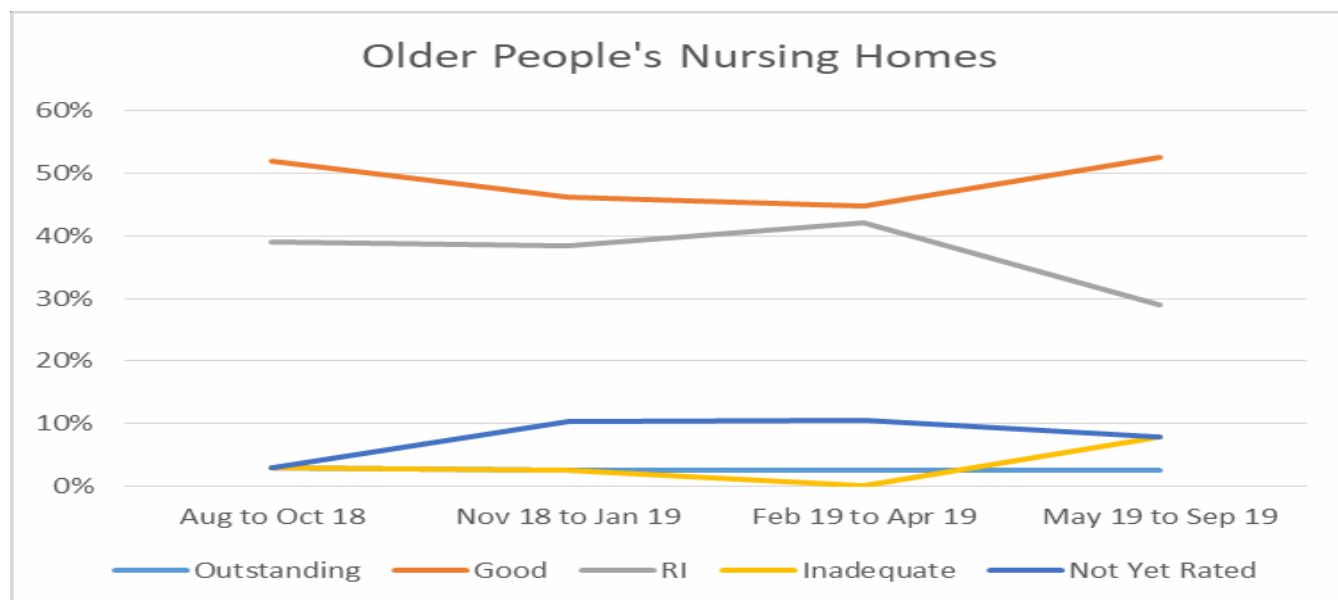
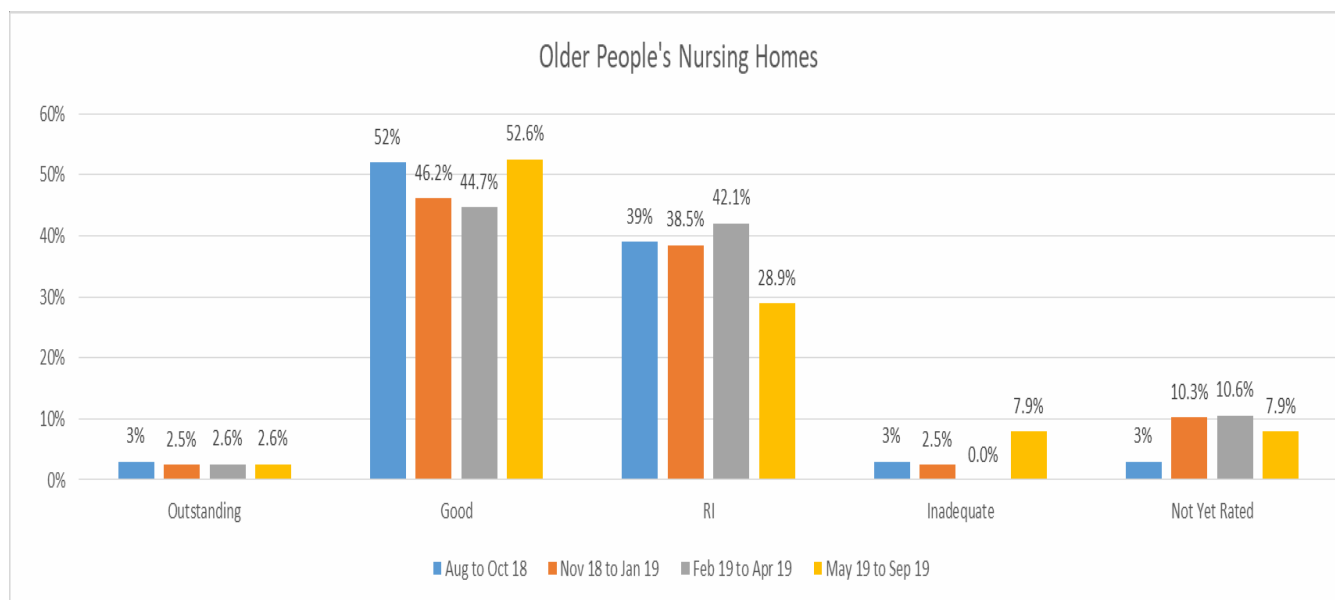
Residential Homes

- 50 independent sector care homes in total
- 39 rated Good – 78.0%
- 6 rated Requires Improvement – 12.0%
- 1 rated Inadequate – 2%
- 4 not yet rated – 8.0%



Nursing Homes

- 38 independent sector care homes in total
- 1 rated Outstanding – 2.6%
- 20 rated Good – 52.6%
- 11 rated Requires Improvement – 28.9%
- 3 rated as Inadequate – 7.9%
- 3 not yet rated – 7.9%



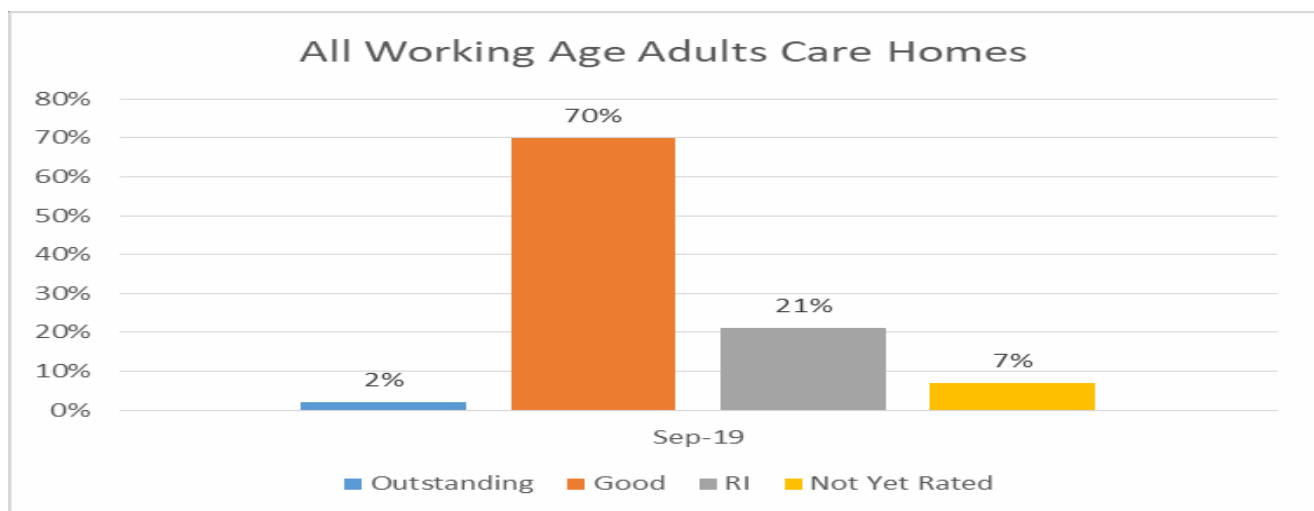
3.6.3 Since the last report, there has been two homes where the local authority and the CCG have imposed a suspension on further placements. Details of the homes mentioned above can be found in the Confidential Appendix 2.

3.7 Working Age Adults Care Homes

3.7.1 The following figures show the ratings for working age adults care homes in the independent sector in the city as at the 30th September 2019 (this is the first time this data has been provided within this report, therefore no trend data is available however, this will be provided in future reports):

Working Age Adults Care Homes

- 56 independent sector care homes in total
- 1 rated Outstanding – 2%
- 39 rated Good – 70%
- 12 rated Requires Improvement – 21%
- 4 not yet rated – 7%

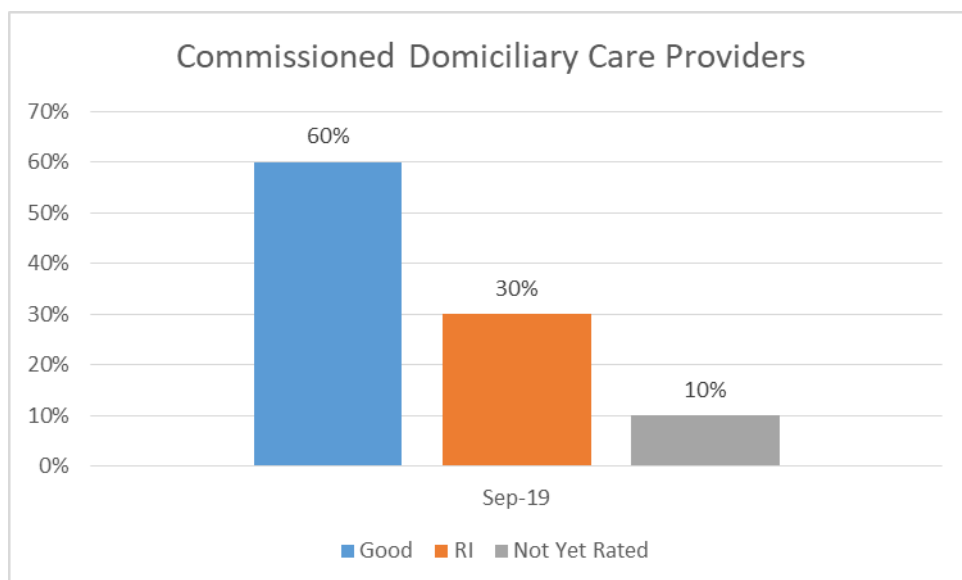


3.7.2 There are currently no suspensions or at a working age adults care home.

3.8 Commissioned Domiciliary Care Providers

3.8.1 The following figures show the ratings for commissioned domiciliary care providers (i.e. independent sector providers who are part of the Adults and Health Primary and Framework Contract) as at the 30th September 2019 (this is the first time this data has been provided within this report, therefore no trend data is available however, this will be provided in future reports):

- 10 Commissioned domiciliary care providers
- 6 rated Good – 60%
- 3 rated Requires Improvement – 30%
- 1 not yet rated – 10%



4 Corporate considerations

4.1 Consultation and engagement

4.1.1 The Executive Member for Health, Wellbeing and Adults has been briefed on the report.

4.2 Equality and diversity / cohesion and integration

4.2.1 There are no specific equality and diversity considerations in connection with this report.

4.3 Council policies and the Best Council Plan

4.3.1 While the subject of this report relates to services commissioned and provided by external organisations, the services are provided in the context of Leeds Health and Wellbeing Strategy, which supports the overall ambitions of the Best Council Plan.

Climate Emergency

4.3.2 There are no specific climate considerations in relation to the subject of the report however, climate emergency will be considered as part of any future commissioning of these services. As an example of this, within the current commissioning process for home care services, consideration will be given to the way routes for delivering home care services can be made more efficient, therefore enabling a reduction in the number of cars driven to provide these services.

4.4 Resources, procurement and value for money

4.4.1 There are no specific resource, procurement or value for money considerations as part of this report.

4.5 Legal implications, access to information, and call-in

4.5.1 There are no specific legal or call in considerations as part of this report.

4.5.2 The information contained in Appendix 2 is exempt as it contains Information relating to the financial or business affairs of a particular organisation. The information is not publically available and was gained through the council's commercial contract with the organisations concerned. It is, therefore, considered that this element of the report should be treated as Confidential/Exempt under Access to Information Procedure Rules 10.4 (3).

4.6 Risk management

4.6.1 There are no specific risk management issues in relation to this report.

5. Recommendations

5.1 That the Scrutiny Board considers the details presented in this report and determines any further scrutiny activity and/or actions as appropriate.

6. Background papers¹

None.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.