



## ADULT SOCIAL CARE AND HEALTH COMMITTEE

18 JANUARY 2021

REPORT TITLE	<i>Quality Improvement and Assurance – Care Homes</i>
REPORT OF	Director of Care and Health

### REPORT SUMMARY

This report sets out the Council and the NHS approach to working with Care Homes to meet required national and local standards and regulations, particularly during the pandemic. The report outlines the benefits of a quality improvement approach to homes that are rated 'inadequate' or 'requires improvement' by the Care Quality Commission (CQC) and other quality performance data and intelligence. It provides detail about the approach undertaken and how sanctions work to address concerns over quality standards and the work that is carried out between inspections.

This is not a key decision.

### RECOMMENDATION

For the Committee to note the report and the ongoing work to support vulnerable people within the Borough.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 For the Committee to have an awareness of the ongoing work in with care homes.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 The Council and the NHS is required to seek assurance that the care commissioned provides safe high-quality care and meets best value principles. Options for the Council include providing a level of residential and nursing care in-house and providing alternatives such as Extra Care Housing or, where appropriate, domiciliary care.

### **3.0 BACKGROUND INFORMATION**

- 3.1 Wirral is a commissioner of care services and is committed to monitor and support improvements in the care provision of all commissioned services delivered across Wirral. This is supported through contract management and the work of Quality Improvement Practitioners that work in partnership with the CQC, the care provider, social work services and other health care professionals. The contracts team set the required standards and monitor performance against the contract and seek assurance in relation to the quality and safety of the care being delivered by the providers. This is in addition to CQC who inspect the quality of care in relation to the statutory regulatory requirements. Depending upon funding streams, social work teams and individual commissioning nurses are responsible for assessing the needs of individuals, formulating a care plan, and supporting providers with arranging care to meet the resident's needs. They are then responsible for reviewing needs and the suitability of the provision to continue to meet them.
- 3.2 Information that is required for monitoring against standards is sought through a variety of methods and includes the views of stakeholders relevant to the service. Stakeholders can include Infection Prevention and Control (IPC), environmental health, specialist nursing teams and social work teams. With this information, providers that are rated by CQC as 'requires improvement' will be supported to improve by NHS Wirral Clinical Commissioning Group (CCG) and Wirral Council Quality Improvement Team using a number of quality improvement tools, including engagement, action planning and tracking of improvements. By using this methodology, NHS Wirral CCG and Wirral Council will support its Community providers in leading their quality improvements.
- 3.3 The Quality Improvement Team works in partnership with the care home Manager, and where relevant, the owner of the service. The Manager of the care home identifies how they will address the concerns and issues raised by commissioners and regulators by submitting an improvement plan with timescales to the Contracts Manager to be agreed. The implementation of the improvement plan will then be monitored and supported by the Quality Improvement Team. This has been completed virtually, during the period of the pandemic. This work has continued with the number of 'inadequate' homes being significantly reduced since March 2020, and now having achieved an improved CQC rating.

#### **4.0 QUALITY ASSURANCE ASSESSMENT**

- 4.1 In line with contractual and CQC regulatory requirements the care provider monitors and evaluates its service through robust audit systems and through the collation of feedback from stakeholders. This is evidenced through monthly submissions of key performance indicators (KPI's) by the care provider to the contract lead.
- 4.2 All stakeholders inclusive of the Quality Improvement Team then validate improvements through working closely and supporting the provider to meet its contractual and regulatory standards. The Contracts Manager co-ordinates the monitoring of the provision throughout the year. When concerns are raised, in relation to standards, they are challenged and addressed promptly. The frequency of contract monitoring meetings vary in relation to the Quality Rating identified with the care provider, the type of service provision, and the contract.

#### **5.0 PANDEMIC RESPONSE**

- 5.1 During the current period of the pandemic, the Quality Improvement Team have continued to manage their interactions with care providers. This has been virtual in relation to their contact with care providers, including discussion of progress against improvement plans and determining whether evidence submitted is sufficient.
- 5.2 Wirral Council have held monthly Quality Surveillance meetings during the pandemic period. These were increased to weekly meetings during the first wave of the pandemic due to the reduction in visits from some professionals.
- 5.3 The Quality Surveillance meeting has representation from clinical professionals that regularly work with the care home providers. These include such professionals as Community Nurses, Dietitians, Tele-Triage Team, Falls Team, HealthWatch, IPC, Palliative Care Team, and Social Workers. The meeting also draws on information available from the CQC.
- 5.4 A Care Provider Support Team was established in April 2020 as a response to the pandemic and consisted of Wirral CQC inspectors, Wirral Quality Improvement Practitioners and NHS Wirral CCG Quality Managers. All care providers were allocated a worker as their single point of contact person.
- 5.5 CQC have worked closely with the Quality Improvement Team and Contract Teams. CQC have continued to enter care homes throughout the Pandemic as and when serious concerns have been identified. Enforcement action has been implemented which has also led to the review by Social Workers and or individual commissioning nurses of the residents currently residing in that home. Through the quality surveillance approach, commissioners and regulators have been able to identify homes of concern and, if required, undertaken on site visits, whilst adhering to national and local guidance on entering care homes.

- 5.6 Whilst the pandemic continues, the stepped plan for returning to visit homes is being developed for early in the new year. This will include adhering to infection control measures and a risk assessment process to plan safe visits in order to undertake improvement work, with the care providers, whilst protecting the residents and staff concerned. Lateral flow testing (LFT) is being introduced across the Borough and will provide a basis for how the reintroduction of staff visits to care home moves forward. The Council have an established process of risk assessment and approval for reinstating staff returning to work in the community and this includes input from colleagues in Public Health.
- 5.7 Not all Contract meetings have continued during the pandemic, only the high risk or inadequate services have been undertaken or where there a concern has arisen with a care provider. A plan will be formulated to re-introduce routine contract meetings in the new year and this will include a review of contractual reporting.
- 5.8 A national call to action was announced in May 2019 for all CCGs to offer, assist, and support IPC training in care homes over a two-week period, under the mutual aid principle. All Wirral Care homes were sent access to a free virtual COVID-19 training for care homes which had been developed and produced by the Royal National Orthopaedic Hospital. The virtual training included hand hygiene technique and 'donning' and 'doffing' of Personal Protection Equipment (PPE) suitable for non-aerosol generating procedures. Care homes were asked to identify a suitable IPC lead in the care home who would train all staff in the care home. Following completion of the virtual training, local trainers worked with the IPC lead to complete a virtual practical session of hand hygiene and 'donning' and 'doffing' to embed skills learnt. A self-assessment was also provided to the care home for staff to complete following both parts of the training. The virtual training was provided to 100% of care homes with 54% of Wirral care homes completing both the virtual training and the virtual practical session.
- 5.9 Government IPC grant funding was made available to assist with staff sick pay and improving their environment in relation to infection control measures. Grant was used to second nurses into the IPC team to support where there had been outbreaks.
- 5.10 Care homes were asked to provide daily information on the number of staff and the number of clients with COVID; the number of staff and clients with symptoms; issues around Personal Protection Equipment (PPE) supply; and issues around capacity. This was requested daily initially in March I and then throughout the year. The information was reviewed and responded to, with lead officers for care homes following issues up. Care home providers were also advised to inform us of any particular problems in providing services.
- 5.11 As National guidance for care homes was issued, this has been shared and where there is a need for enhancing the guidance locally this has been done through consultation with Public Health and confirmation through the Health and Social Care Cell.

- 5.12 On 2 December 2020, the Government announced the new Care Homes visiting guidance, which encourages a move to support care home visiting. In preparation for this, a small number of care homes were asked to take part in a tightly controlled two-week pilot to test these arrangements, with a view to meet the Government's winter target of enabling visits to all care homes by 18 December 2020.
- 5.13 Whilst lateral flow testing (LFT) can reduce the risks around visiting, it is widely recognised that it does not completely remove the risk of infection. Therefore, in addition to using the LFT, as part of the pilot, a suite of measures were introduced to ensure safe and controlled visits could occur.
- 5.14 As a minimum requirement, care home staff were expected to complete an online training video, however as an additional measure, care homes were offered some face-to-face training, in a COVID secure environment, that also covered donning and doffing of PPE, as a refresher for staff.
- 5.15 Local guidance was devised to support care homes manage expectations and shared with visitors, the guidance set out the key principles of the pilot, to assist care homes in ensuring the safety and well-being of all the residents, staff, and visitors.

## **6.0 QUALITY IMPROVEMENT**

- 6.1 Much work has been done in the past two years to improve the general quality within the care home sector by the Council and CCG contracts, and to have an integrated approach to quality and safety in care homes. This has included the development of a compliance framework. There are approximately 118 Nursing and Residential homes in Wirral. Wirral is a National outlier in terms of the amount of provision proportionate to its population; having approximately twice the number of homes than is the national average. With so many care homes in Wirral, some care providers have struggled to fill their homes and, as such, struggle to maintain high quality and safety due to financial constraints. In 2013 approximately 45% of homes were rated 'green' for being fully quality compliant, and either rated good or outstanding by the CQC. The current position has improved to approximately 85% of Homes reaching Green status. It is the aim to build on the work that has been undertaken to date and strengthen this in 2021/22.
- 6.2 The Quality Improvement Team works with care home managers to anticipate areas of practice that need to improve and help equip them to develop strategies and action plans to build a sustainable continuous improvement journey. Care homes have required support in understanding what actions are needed to affect change where the CQC have identified shortcomings in practice.
- 6.3 Currently the Quality Improvement Team have minimal involvement with care homes that are rated good or outstanding, as the team does not have capacity at present to do this. The team will be looking to undertake more proactive work in 2021/22 to ensure that homes are delivering good care and that this can be shared with other homes.

- 6.4 The closure of a care home or other service at very short notice is an extremely rare event. The CQC can close a home by removing its registration. The Council has no powers to close a home but can choose to no longer contract with them. The Council Contracts Team and Quality Improvement Team introduced a policy in 2018 to address care homes who repeatedly fell below regulatory standards from 'good' to 'requires improvement' by suspending homes where this happened on three occasions. This was to address the fact that there were no financial penalties to the 'requires improvement' rating, however suspension by the Council clearly has an impact on care home providers as they are then not commissioned by the Council to have further placements. As a consequence of this suspension, Social Workers and individual commissioning nurses will also routinely review the care the residents receive. This approach has had a positive impact on episodes of homes repeatedly slipping back in regulatory standards.
- 6.5 The Council are not however in a position to withhold or have financial sanctions around poor ratings, as this would impact on the care provided.
- 6.6 A recent study undertaken by the Council revealed that there was no correlation between the incidence of COVID 19 and the CQC ratings of care homes.
- 6.7 In 2021, the team will review the work that has been undertaken during the pandemic: looking at what has worked well and areas for improvement in order to ensure that the care provided to our most vulnerable is safe.

## **7.0 FINANCIAL IMPLICATIONS**

- 7.1 There are no financial implications arising from this report.

## **8.0 LEGAL IMPLICATIONS**

- 8.1 The Council has a statutory duty to meet the needs of people under the Care Act 2014 and to ensure they commission sufficient good quality provision.

## **9.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 9.1 There are no resource implications arising from this report.

## **10.0 RELEVANT RISKS**

- 10.1 If service-users are not afforded suitable quality care their safety may be compromised and as a result, S42 safeguarding enquires may need to be instigated to decide what action is needed to help and protect adults at risk. Low level care concerns that do not meet the threshold for a safeguarding investigation will follow the care concern process, whereby the care provider will be expected to complete a report on the findings and lessons learnt to reduce the risk of re-occurrence.

## **11.0 ENGAGEMENT/CONSULTATION**

11.1 Consultation takes place over council rates and fees for these services.

## **12.0 EQUALITY IMPLICATIONS**

12.1 The law as it stands is designed to protect the most vulnerable residents and ensure services provided to them meet their needs and expectations.

## **13.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

13.1 The recommendations of this report are carbon and emissions neutral and do not adversely affect the Council's carbon reductions target.

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## **APPENDICES**

N/A

## **REFERENCE MATERIAL**

CQC Reports.

## **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>