

QUALITY ASSURANCE AND STANDARDS OF CARE HOMES IN WIRRAL

SCRUTINY REVIEW

**“I keep saying to staff –
If this was your mum is this what you’ll want”.
(Care Home Manager)**

***A report produced by*
THE FAMILIES AND WELLBEING
POLICY & PERFORMANCE COMMITTEE**

***March 2014
FINAL REPORT***

WIRRAL BOROUGH COUNCIL

QUALITY ASSURANCE AND STANDARDS OF CARE HOMES IN WIRRAL

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1. INTRODUCTION

At the meeting of the Families and Wellbeing Policy & Performance Committee, held on 9th September 2013, Members agreed to undertake a Scrutiny Review to investigate the Quality Assurance Framework and Standards in Care Homes. As a result, a Scrutiny Panel comprising four Members has held a series of meetings in order to obtain appropriate evidence.

An Executive Summary of the findings follows, together with the recommendations arising from this Review. The Report then sets out the background to the original brief, as well as the methodology adopted for gathering the evidence. This is followed by the main body of the Report which provides contextual information and details the key findings of the Review along with the evidence gathered in support of the recommendations proposed by the Scrutiny Panel Members.

2. EXECUTIVE SUMMARY AND RECOMMENDATIONS

Key objectives for the Review:

The key objectives for the Review were identified:

- how the quality of care homes in Wirral is currently monitored;
- The processes that are in place to raise the quality of homes where necessary.

National and Local Context:

The Government's Care Bill, published in May 2013 introduces fundamental changes to the social care sector. The Bill responded, in part, to serious failures in the care system, as evidenced by the events at Winterbourne View and the Francis Report, following the failures of Mid Staffordshire NHS Trust. Among other features, the Care Bill will introduce a reform of regulation of the care home sector to more vigorously hold service providers to account. The Care Bill is now moving towards the end of the parliamentary process with Royal Assent expected in the coming weeks.

Whilst the Care Bill will give greater powers to the national regulator of the care home sector, the Care Quality Commission (CQC), the passage of the Bill has coincided with a re-structuring of that organisation and the creation of a Chief Inspector of Adult Social Care. Among those reforms will be the introduction of specialist inspection teams for each of hospitals, care homes and primary care along with a more rigorous inspection framework. It is also intended that, by 2016, a national ratings system for adult social care services, including care homes, will be introduced.

The Care Quality Commission provides an annual report 'The state of health care and adult social care in England'. The most recent version, covering 2012/13 was published in November 2013. The report concluded:

"There is still a huge amount for providers to do to make sure that all people are kept safe, treated with dignity and respect, and cared for in a way that meets their personal needs".

In local context, there are approximately 3400 residents in care homes in Wirral. The Local Authority commissions all of its general residential and nursing care from the independent sector. Wirral Council has contracts with 108 nursing and residential homes in the borough, with further care homes providing services for self-funders only.

The Monitoring Framework:

There are three main organisations involved in the monitoring of the quality and safety of social care provision, namely the Care Quality Commission (CQC), DASS Quality Assurance (QA) Team and Healthwatch.

The CQC is the national independent regulator of all health and adult social care services in England, including those provided by the NHS, Local Authorities, private companies or voluntary organisations. The CQC registers hospitals, care homes, dentists, domiciliary care services and monitors them to ensure that they are meeting the essential standards. As the regulatory body for the registration of provision, they have a duty to monitor regulation compliance.

The current inspection regime requires 16 standards to be monitored. The CQC has a wide range of enforcement powers to take action on behalf of service users if those services are judged to be unacceptably poor, including the power to de-register services and close a care home if deemed necessary. During this Scrutiny Review, it was made clear to Members that the CQC are the regulator and, as such, inspect against regulations which set minimum standards. As stated above, the CQC are intending to implement a revised inspection regime, which will incorporate greater reliance on specialist and clinical input among inspectors, and a more rigorous inspection framework. Greater emphasis will also be placed on listening to the views of staff and residents in care homes.

Panel Members welcome CQC's changing approach to inspections, especially the proposal to move towards identifying and publishing ratings, which should help residents to choose between services and to encourage improvement in the quality of service.

At a local level, the DASS Quality Assurance Team is responsible for monitoring the standards and quality of care homes with whom the Council has contractual arrangements to place Local Authority funded clients. This currently amounts to 108 residential and nursing homes within the Borough. The Quality Assurance Team was created in April 2012 in order to proactively monitor service provision and identify poor quality homes at an earlier stage. The team also develops supportive measures, working with the owner and manager, to help those care homes to improve service and quality. In addition, the safety and welfare of the customers can be improved and safeguarded, where appropriate.

The Quality Assurance Team works to their recently amended inspection framework, separate from the CQC framework. During the last year, the Quality Assurance Team has introduced a RAG (Red, Amber, Green) rating for all care homes with which the Council places clients. This rating is used to identify the assessed quality of the provision. The Panel Members warmly welcome the approach currently being pursued by the Quality Assurance Team, including the drive towards delivering supportive measures to the providers. Members heard evidence from care home managers and partner organisations to suggest that significant progress has been made during the last year to both develop a more rigorous inspection framework and to develop processes which support homes to improve.

Healthwatch, the third element of the monitoring framework, must ensure that the views of people that use services are taken into account and influence the design and delivery of local services. Healthwatch is expected to complete evidence-based reports and recommendations to the commissioners and providers of health and social care provision. Healthwatch has the authority to undertake 'enter and view' visits to service providers on an unannounced basis as necessary.

Current Standards:

Members are not currently reassured that all homes are safe and offer care of high quality; nor that consistently good standard care is being achieved. Based on the Quality Assurance Team's RAG rating (Red 11, Amber 32, Green 65) 43 care homes out of a total 108 (40%) are not fully compliant. The evidence suggests that the standard in some homes is not good. This conclusion is not only supported by the RAG rating but also by the conclusions of some CQC inspections.

Suggested Future Developments

Monitoring Framework

Current DASS processes ensure that unannounced inspections are undertaken. However, concerns remain that the standards of care delivered to residents may vary at different times. Panel Members are therefore proposing that, in order to ensure a home maintains high standards at all times, inspections or visits should take place regularly and at varying times, including out-of-hours.

During the Review, the role of the Lead Nurse for Quality in Care Homes became apparent in providing clinical input to the Quality Assurance Team inspection process and in offering clinical advice and support to care home staff. However, it is noted that there is only one nurse to support the inspection of 108 homes. Evidence was gathered from a number of sources to suggest that increased capacity in this area would improve the monitoring and inspection capability but would also provide greater scope to give increased direct advice and support to care homes in order to drive up standards.

Key to identifying those homes which require additional assistance has been the introduction, by the DASS Quality Assurance Team, of the RAG rating system. Panel Members consider it important that, if possible, details of homes in categories for the RAG rating are placed into the public domain. This will demonstrate transparency, provide an incentive for homes to improve and should also assist people choosing a home as they would be more likely to be able to make properly informed decisions.

The Council's Contractual relationship with care homes

It was acknowledged by officers that, in order to aid monitoring and consequently improve standards, there are benefits from the home care contract being as specific as possible. Panel Members propose that the standard contract should be reviewed on an annual basis to provide a general review point, giving the opportunity to include any learning points and changes to circumstances.

Throughout this Scrutiny Review, sources repeatedly emphasised the importance of leadership towards the success of a care home. It is, therefore, suggested that good practice guidance be introduced for care home managers. This will enable the Council's expectations to be publicised and good practice to be shared. It is anticipated that the guidance will be incorporated within contractual arrangements.

Encouraging excellent standards and sharing good practice

An implication of the Francis Report for the whole of the health and social care sector was the demand for a change in the culture of care provided across the sector. The Chief Nursing Officer of NHS England refers to the 6 c's of nursing (namely: care, compassion, competence, communication, courage and commitment) in the Strategy for Nursing 'Compassion in Practice'. Members suggest that equivalent values are embedded within the care home contract in order to support the improvement in quality of care for residents. The Panel Members also propose that commissioning arrangements are reviewed, with regard to End of Life Care, in order to ensure that as many nursing homes as possible are able to provide such care to a high standard.

The Panel Members have concluded that potential residents can be further empowered to make the correct choice for them, when choosing a home, by guidance being available to enable appropriate questions to be asked to identify that high quality care is provided. Such advice and information could be made available on the Council's website.

During the Review, Panel Members were informed by care home managers that there was very little contact between managers of different homes and there was little opportunity to share good practice. As a consequence, the Panel Members are proposing that DASS facilitate a forum for care home managers to interact and share good practice.

Feedback and Performance Monitoring

The Panel Members were told that there is sometimes reticence among residents, relatives and care home staff to report incidents for fear of retribution. Panel Members considered the options available to promote a confidential phone line to ensure that facilities are available if required. As discussed earlier, Healthwatch has a role to ensure that the views of service users are heard and to be an effective 'eyes and ears' of health and social care services. It is, therefore, suggested that all care homes with whom the Council has contracts are requested to show contact details for Healthwatch in a prominent place along with an explanation of Healthwatch's purpose.

Equally, Members suggest that more should be done to empower the public to take on a greater role as the "eyes and ears" in care homes. A prominent publicity campaign could be employed to promote this concept and develop a greater awareness of safeguarding issues among the public.

All councillors are representatives of their communities and are in an ideal position to provide a link to the communities which they represent and also reflect the views of constituents. It is therefore proposed that ward Members are encouraged to develop a strong working relationship with the contract manager in DASS and also with the managers, staff and residents of care homes in their wards.

Panel Members are keen to see effective performance indicators relating to care home monitoring to be developed and reported on a regular basis. It is also proposed that performance reporting to Members will be strengthened through regular reports to include the RAG data and a summary of recent CQC reports, particularly highlighting those where weaknesses have been identified.

In considering the evidence found during the Review, the Panel Members have formulated the recommendations identified on pages 8 to 10.

RECOMMENDATIONS

- * Several of the following recommendations request action from the Director of Adult Social Services. Those marked * denote that it is anticipated that the delivery of the recommendation will be via the joint health and social care commissioning processes.

Monitoring framework

Recommendation 1 – Out-of-hours inspections of care homes

The Director of Adult Social Services (*) is encouraged to increase the number of inspections of care homes that take place out-of-hours in addition to the unannounced visits which already take place.
(Reference Section 9.1)

Recommendation 2 – Clinical involvement in the inspection process

Wirral Clinical Commissioning Group and the Director of Adult Social Services are urged to explore the feasibility of increasing the number of nurses available to support the inspection process. This increased resource will enable a strengthened role in providing advice to care homes and sharing good practice, for example, in relation to skin integrity. In return, ways in which the costs of the additional support could be recouped ought to be explored.
(Reference Section 9.1)

Recommendation 3 – Performance data in the public domain

The Director of Adult Social Services (*) is requested to consider the feasibility of placing RAG rating data into the public domain, subject to legal advice.
(Reference Section 9.1)

Recommendation 4 – Extend the acceptance of the RAG rating

The Director of Adult Social Services (*) is requested to ensure that the RAG rating is more widely used and accepted. For example, there is a need for all those partners placing clients in homes to be aware of the particular home's current status and that the necessary information is shared.
(Reference Section 9.1)

Recommendation 5 – Collaborative working between partners

All partner organisations, including the Department of Adult Social Services, Wirral Healthwatch and the Care Quality Commission are encouraged to work more collaboratively. The increased sharing of information between partners is supported.
(Reference Section 9.1)

The Council's contractual relationship with care homes

Recommendation 6 – Care home contract

The Director of Adult Social Services (*) and Wirral Clinical Commissioning Group are jointly requested to ensure that the contract with care homes is as specific as possible, ensuring that both social care and health aspects are adequately covered and its contents subject to an annual review.
(Reference Section 9.2)

Recommendation 7 – Good Practice guidance for care home managers

The Director of Adult Social Services is requested to develop good practice guidance for care home managers, to be incorporated within contractual arrangements.
(Reference Section 9.2)

Recommendation 8 – Communication with care home owners

In order to improve awareness of care home owners, the Director of Adult Social Services (*) is requested to ensure that essential correspondence is copied to the home owner as well as the manager.
(Reference Section 9.2)

Encouraging excellent standards and sharing good practice

Recommendation 9 – Compassion in Practice

In the Strategy for Nursing, 'Compassion in Practice', the Chief Nursing Officer of NHS England refers to the 6 c's of nursing (namely: care, compassion, competence, communication, courage and commitment). In light of the Francis Report and the demand to change the culture of care, the Director of Adult Social Services (*) is requested to consider how best to embed that ethos within the care home contract.

(Reference Section 9.3)

Recommendation 10 – End of Life Care

In order to demonstrate the Council's commitment to the National Strategy on End of Life Care, the Director of Adult Social Services is requested to review commissioning arrangements with the Clinical Commissioning Group. The intention is to standardise the provision of End of Life Care, while encouraging nursing homes to aspire to the Gold Standard.

(Reference Section 9.3)

Recommendation 11 – Choosing a good quality home

The Director of Adult Social Services is requested to develop an advice and information guide to assist in choosing a good quality home. Indicators of quality will include, for example, a demonstration of working towards the principles of the Ethical Care Charter, adherence to the culture of Compassion in Practice and aspiration for the Gold Standard for End of Life Care.

(Reference Section 9.3)

Recommendation 12 – Forum for Care Home Managers

In order to encourage excellent status homes to share good practice with others, the Director of Adult Social Services is requested to facilitate a Forum or platform for care home managers to interact and share good practice.

(Reference Section 9.3)

Recommendation 13 – Encourage the wider use of the 'This is Me' passport

The Director of Adult Social Services (*) is requested to consider the practicalities of using the contract provisions to encourage care homes to employ wider use of the 'This is Me' passport for people with communication difficulties and to develop standardised health and social care documentation across all providers on Wirral to assist in accurate information transfer between health and social care settings.

(Reference Section 9.3)

Feedback and Performance Monitoring

Recommendation 14 – Publicity for Healthwatch

In order to enable greater feedback from service users, the Director of Adult Social Services will ensure that all care home providers will display, in a prominent position, contact details for Healthwatch. This requirement will be incorporated within the care home contract.

(Reference Section 9.4)

Recommendation 15 – Raising awareness of the public – Safeguarding

The Director of Adult Social Services and the Head of Communications and Community Engagement are requested to develop a publicity campaign to empower the public to be the "eyes and ears" regarding the quality and standards in care homes; every person visiting a care home having a responsibility to be those 'eyes and ears'.

(Reference Section 9.4)

Recommendation 16 – Establish relevant performance indicators on the dashboard

The Director of Adult Social Services is requested to ensure that relevant performance indicators are established on the performance dashboard, reported to the Policy & Performance Committee, to ensure visible monitoring of quality in care homes. This could include the numbers of care homes categorised by the RAG rating.

(Reference Section 9.4)

Recommendation 17 – Provision of performance data to Members

The Head of Policy & Performance / Director of Public Health is requested to include the monitoring of care home quality within the remit of the proposed Health Performance Monitoring Panel. This will enable care home performance issues to be raised with elected Members by the Director of Adult Social Services. A summary of recent CQC reports will also be made available, particularly highlighting those where weaknesses have been identified. Social Care Managers are also requested to make relevant data available to Constituency meetings.

(Reference Section 9.4)

Recommendation 18 – The relationship between local Members and care homes

The Director of Adult Social Services is requested to provide local Members with a list of care homes in each ward. As part of the process to develop “eyes and ears”, Members are encouraged to develop a relationship with the contract manager as well as managers, staff and residents of care homes in their ward. Members and MPs will also be informed of concerns with care homes within their area (such as a RAG rating of RED or where a Strategic Review has occurred).

(Reference Section 9.4)

3. **MEMBERS OF THE SCRUTINY PANEL**

Councillor Wendy Clements (Chair)



Wirral desires to be a place where the vulnerable are safe and protected and where an excellent quality of life is within the reach of everyone who lives here. The Families and Wellbeing Policy and Performance Committee established this Scrutiny Panel to examine the care received by some of our most vulnerable residents. We thank all the people who came to speak to us and help us in our task, sharing generously of their experience and views of the sector. There is evidently much good work underway to improve standards by the DASS Quality Assurance Team and the

Clinical Commissioning Group, and some excellent provision is available within Wirral. Unfortunately the Panel also has real concerns that some of our most vulnerable residents are not well served by the homes responsible for their care.

The Panel wants to highlight the responsibility we all have to speak up about any concerns we have over the care provided in homes across Wirral. This responsibility belongs to elected Members, council employees and the general public who may be visiting local care homes. Many of our recommendations are related to recognising what is good and celebrating it. If every reader of this report took on the challenge to be the eyes and ears of our community and the work of the Quality Assurance team continues to go from strength to strength then I believe we can make a real difference to the lives of vulnerable people.

Councillor Moira McLaughlin



When we are in need of care and at our most vulnerable, we should be able to trust that those giving that care are working to the highest standards and that we will be safe.

In undertaking this review of the standards in Wirral's care homes, the members of the Families and Wellbeing Policy and Performance panel sought to be re-assured, and through us, Wirral residents, that, in general, the quality of care being delivered in the homes would inspire that trust. Unfortunately, after our investigation, we have concluded that, though excellent work is being done by the Department of Adult Social Services and Clinical Commissioning Group Quality Assurance Team and a number of care homes to bring about improvement, there is still a long way to go before we can say that all homes are providing good care.

We hope that the review will significantly contribute to improving those care homes that need to be improved, and help those homes which do achieve excellent standards to be recognised, and that they are able to share their expertise. We hope, also, that it will increase the awareness of friends, families and elected representatives to the fact that they can be the eyes and ears of us all, in reporting poor practice and good, and the voice of those people in the care homes who may not be able to say when things aren't right.

Councillor Mike Hornby



This has been the second Scrutiny Review for me in quick succession with the “Francis” Review only completing in January. Therefore I feel that I can make a few observations comparing the two in very general terms.

Although we interviewed a large number of people in each Review, when reviewing Care Homes I felt that we had difficulty extracting all the information I would have wished. This was particularly so in the case of Owners/managers. Those who did make themselves available were helpful but we still have no idea about the large majority.

I believe that a further review is needed. This should give additional help and support to DASS and other agencies whose work has to be praised in what must be, at times, trying circumstances.

Councillor Bernie Mooney



Ageing with dignity is a basic right for all but also being secure in the fact that if needed we will be cared for is also fundamental as we age. We need to be secure in the knowledge that as we become vulnerable we will be able to find the highest level of care and that our relatives will have confidence and trust in the service provided.

The Families and Wellbeing Policy and Performance Committee concluded that this assurance could not be guaranteed in all of our Wirral homes and asked for a review to be undertaken.

During our investigation we have spoken to some of the most dedicated people who do excellent work in providing care for the elderly. Also the Department for Adult Social Services and Clinical Commissioning Group Quality Assurance Team along with a number of care providers are working to bring about improvements. However there are challenges to face and improvements to make if we can confidently say that all care homes in Wirral are providing good care.

The task and finish review team hope that the report will contribute to the improvement of standards and that it will provide guidance for all who are involved with the care of the vulnerable in our society. We also recognise that it is the responsibility of every resident of Wirral to ensure that we can be confident in the level and standard of care offered to all who need it.

This Scrutiny Panel was supported by:

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4. **BACKGROUND AND ORIGINAL BRIEF**

At the meeting of the Families and Wellbeing Policy & Performance Committee held on 9th September 2013, Members discussed a report from the Director of Adult Social Services regarding the Quality Assurance Framework and Standards in Care Homes. The following minute was recorded:

“The Committee considered the report of the Director of Adult Social Services which informed and updated Members on the role and functions of the Quality Assurance team within his Department, and the quality assurance framework and standards in care homes in Wirral.

The CQC essential standards framework and the quality assurance framework for monitoring visits were attached as appendices to the report.

The Chair suggested that the report be noted and that a Working Group be established to look at this issue in more detail and report back to this Committee at a future meeting.

In response to a Members suggestion, Mr Hodgkinson indicated that visits to care homes could be looked at by this group, working with Healthwatch to take this forward linking Ward Councillors with the community.

RESOLVED: That

(1) the report be noted; and

(2) a Working Group consisting of Councillors McLaughlin, Mooney, Hornby and Clements be established to look at the quality assurance and standards in care homes.”

The Scope Document for the Scrutiny Review is attached as Appendix 1 to this Report. Key questions listed in the Scope document are:

- How is the quality of care homes in Wirral currently monitored and what processes are already in place, including the role of the Care Quality Commission?
- How are homes who are delivering care below the required standard identified?
- What processes are in place to raise the quality of homes where necessary?
- Could more be done to make working between health partners more effective?
- What would be the most effective future arrangements for:
 - Reporting relevant performance / monitoring data to the Policy & Performance Committee?
 - Involving local Members in the monitoring of care homes in their ward?

5. METHODOLOGY FOR THE REVIEW

The Panel has employed the following methods to gather evidence:

5.1 Meetings

A series of individual meetings has taken place at which the Scrutiny Panel Members could discuss relevant issues with the following:

- Monday 14th October 2013
Jacqui Evans (Head of Transformation, Department of Adult Social Services, Wirral Borough Council)
Amanda Kelly (Senior Manager - Market Transformation and Contracts, Department of Adult Social Services, Wirral Borough Council)
- Tuesday 5th November 2013
Amanda Kelly (Senior Manager - Market Transformation and Contracts, Department of Adult Social Services, Wirral Borough Council)
Val Tarbath (Designated Nurse / Manager for Safeguarding Adults, NHS Wirral Clinical Commissioning Group)
- Monday 11th November 2013
Karen Prior (Manager, Wirral Healthwatch)
- Monday 11th November 2013
Val Tarbath (Designated Nurse / Manager for Safeguarding Adults, NHS Wirral Clinical Commissioning Group)
- Monday 25th November 2013
David Wakefield (Manager, Victoria House Care Home, Church Street, Egremont)
- Tuesday 3rd December 2013
Helena Dennett (Compliance Manager for Cheshire West, Chester and Wirral, Care Quality Commission)
Sally Derbyshire (Lead Inspector, Care Quality Commission)
- Tuesday 3rd December 2013
Bernie O'Neill (Manager, St Georges Care Home, Liscard)
- Tuesday 3rd December
Lawson Stebbings (Director, Wirral Care Homes Association and Chief Executive, Elderhome Nursing Home)
Heather Ward (Matron, Elderholme Nursing Home)
Vic Oakden (Director, Wirral Care Homes Association and Owner of Pensby Hall Residential Home)
- Friday 6th December 2013
Susan Cassapi (Advocacy Service Manager, WIRED)
Pat Lloyd (Information and Advice Manager, Age UK)
Sandra Wall (Chair, Wirral Older People's Parliament)
Sue Newnes (Manager, Wirral Alzheimer's Society)
- Tuesday 10th December 2013
Helen Duncan (Manager, The Pines Care Home, Bidston)

5.2 Written Evidence

The Review was also informed by written evidence including committee reports, Government documents and briefing papers from officers.

6. NATIONAL AND LOCAL CONTEXT

6.1 National Context

This Scrutiny Review takes place against a backdrop of care standards being a regular feature in the national news. 'Transforming care: A national response to Winterbourne View hospital', released in December 2012, was a Department of Health response to events at Winterbourne View, a private hospital registered for the provision of assessment, treatment and rehabilitation for people with learning disabilities.

Eleven former staff pleaded guilty to criminal abuse at Winterbourne View and six received custodial sentences. This behaviour is at the extreme end of service failure, but investigations into Winterbourne View and other hospitals for people with learning disabilities and challenging behaviour found many examples of poor quality care. The report identified that inappropriate care is often provided for children, young people and adults with learning disabilities or autism who also have mental health conditions or challenging behaviour. However, there were also ramifications for the care of vulnerable older people, such as people with dementia in other care settings.

In June 2010, Robert Francis QC was asked by the Secretary of State for Health to undertake a public inquiry into the failures of Mid Staffordshire NHS Foundation Trust. The Francis Report was published in February 2013. In November 2013, the Government formally responded to the Francis Report, accepting the vast majority of the 290 recommendations, placing particular emphasis on compassion and care for patients; culture and standards of care; openness and transparency; and the importance of leadership in an organisation. Again, there were implications across the health and social care sector.

July 2012 had seen the publication of the 'Caring for our Future: Reforming Care and Support' White Paper. The White Paper outlined the vision for a reformed care and support system; one that would:

- focus on people's wellbeing and support them to stay independent for as long as possible
- introduce greater national consistency in access to care and support
- provide better information to help people make choices about their care
- give people more control over their care
- improve support for carers
- improve the quality of care and support
- improve integration of different services

The Care Bill was published in May 2013, introducing legislation to provide protection and support to the people who need it most and to take forward elements of the government's initial response to the Francis Inquiry. An aim was to give people peace of mind that they will be treated with compassion when in hospital, care homes or their own home. Accompanying this aim is a reconfiguration of regulation and transparency to more vigorously hold service providers to account.

The Care Bill also brings together existing care and support legislation into a new, modern framework and builds the system around people's wellbeing and needs. It sets out new rights for carers, emphasises the need to prevent and reduce care and support needs, and introduces a national eligibility threshold for care and support. It introduces a cap on the costs that people will have to pay for care and sets out a universal deferred payment scheme so that people will not have to sell their home in their lifetime to pay for residential care. The Care Bill is now moving towards the end of the parliamentary process with Royal Assent expected in the coming weeks.

Coinciding with the passage of the Care Bill has been a re-structuring of the Care Quality Commission and the creation of a Chief Inspector of Adult Social Care. The first appointee, Andrea Sutcliffe, has launched 'A Fresh Start for the Regulation and Inspection of Adult Social Care'. The document sets out the priorities for the inspection regime, focusing on:

- The introduction of a ratings system for care home and adult social care services by March 2016 to help people make informed decisions about their care;
- From April 2015 and subject to the Care Bill becoming law, CQC will monitor the finances of an estimated 50 to 60 care providers that would be difficult to replace if they were to go out of business;
- CQC will take a tougher stance when registering care services by ensuring that those who apply to run them have the right values, motives, ability and experience. Also, CQC is committed to taking tougher action against services that do not have registered managers in place;
- Separate inspection teams will, in future, focus on each of hospitals, care homes and primary care services, providing greater specialist insight. This is in contrast to the past when general inspection teams could inspect hospitals, care homes and primary care services;
- CQC will encourage those providing care in residential homes to explore how they can be involved in the local community and will work with Healthwatch to get its views on care homes locally.

The Care Bill will also require Local Authorities to provide comprehensive information and advice on all care and support services in their local area, how the services work, and how to access them. They will also be required to produce market position statements.

The Care Quality Commission provides an annual report, 'The state of health care and adult social care in England'. The most recent version, covering 2012/13 was published in November 2013. It is based on the 35,000 inspections carried out in the year up to 31st March 2013. The report concluded:

"There is still a huge amount for providers to do to make sure that all people are kept safe, treated with dignity and respect, and cared for in a way that meets their personal needs".

The report identified that one in five nursing home inspections revealed safety concerns and ongoing staffing pressures. Overall, nursing homes continued to lag behind other social care settings in terms of quality and safety of care. Meanwhile, with regard to residential care homes, more than 10% of inspections uncovered problems with safeguarding and safety, staffing, or the care and support received by residents. In analysing the notifications of deaths that care providers send to CQC, a link was found with higher staff turnover rates. This suggests that too many changes in staff may result in gaps in care.

The total number of adult social care providers registered with CQC rose by 2% in 2012/13, from 12,429 to 12,670. Continuing the trend of the previous two years, the number of residential care homes (that is, those that do not provide nursing care) registered with CQC continued to decline, from 13,134 at the end of 2011/12 to 12,848 at the end of 2012/13, a drop of 2%. Similarly, the number of residential care home beds (declared at the point of registration) went down from 247,824 to 244,232. The number of registered nursing homes was static, with 4,664 homes registered at the year end compared with 4,672 at the end of 2011/12. The number of nursing home beds rose, though, from 215,463 to 218,678. In contrast to the decline of residential care home provision, the strong growth in home care continued the long-term trend towards people living in their own homes and communities rather than going into a care home.

6.2 Local Context

There are approximately 3400 residents in care homes in Wirral. Wirral Council has contracts with 108 nursing and residential homes in the borough, with further care homes providing services for self-funders only. The Council commissions all of its general residential and nursing care from the independent sector.

It is reasonable to assume that, in line with national trends and the developing strategies of joint working between health and social care to ensure better care in the community, the number of people in care homes in Wirral will reduce. As a result, it is possible that the care home market would shrink. The Panel Members hope that the increasing rigour around rating the provision will provide the commissioners with opportunities to reduce contracts in homes not offering the highest quality of service.

The Panel Members heard conflicting views regarding funding of care homes including a view that cost is a key factor in quality. However, Members were also told of local research which found no correlation between the level of fees charged and the standard of care provided by the care home. When finalising the Scope for this Scrutiny Review, Members agreed to focus on the quality assurance processes and therefore no further comment on funding will be made in this Report.

7. **THE MONITORING FRAMEWORK**

There are three main organisations involved in the monitoring of the quality and safety of social care provision, namely the Care Quality Commission (CQC), DASS Quality Assurance (QA) Team and Healthwatch.

7.1 **The Care Quality Commission (CQC)**

The Care Quality Commission (CQC) is the national independent regulator of all health and adult social care services in England, including those provided by the NHS, Local Authorities, private companies or voluntary organisations. The CQC registers hospitals, care homes, dentists, domiciliary care services and monitors them to ensure that they are meeting the essential standards. As the regulatory body for the registration of provision, they have a duty to monitor regulation compliance on a 3 yearly basis (unless concerns are raised), unlike the Council who have the responsibility for duty of care. There are currently 12 inspectors covering Cheshire West, Chester and Wirral.

The CQC has a wide range of enforcement powers to take action on behalf of service users if those services are judged to be unacceptably poor, including the power to de-register services and close a care home if deemed necessary. In this case there is likely to be a time delay as a tribunal will be held following a notice to cancel registration, during which time the home can continue to operate.

The current inspection regime requires 16 standards to be monitored. The inspection of the provider's service, which is made publicly available on the CQC website, results in one of three judgements:

- All standards were being met when we inspected the service
- At least one standard in this area was not being met when we inspected the service and we required improvements
- At least one standard in this area was not being met when we inspected the service and we have taken enforcement action

During this Scrutiny Review, it was made clear to Members that CQC are the regulator and, as such, inspect against regulations, set out in the Health and Social Care Act. CQC is not responsible for writing action plans. It is the responsibility of the provider, supported by the Local Authority, to produce action plans if they see fit to do so. After a period of time, the home will be re-inspected and, if there has not been an improvement, a decision will be made on what further action, if any, should be taken. This could include the issue of warning notices or fixed penalty notices. It was stressed to Members that the provider has a clear responsibility to ensure quality. There is strict guidance for providers to monitor their own organisation. Members were informed:

"It is not the responsibility of CQC to ensure that care homes improve to 'gold standard'. We will encourage them to improve but ultimately it is their responsibility".

Subsequent to the Francis Report and the events at Winterbourne View, and further to national criticism of its role and methods of operation, the CQC has undergone a strategic review of its organisation and processes. From 1st April 2014, the organisation for CQC will be based on three directorates, namely, Hospitals; Social Care; Primary Medical Services. Each directorate will be headed by a Chief Inspector. Separate inspection teams will, in future, focus on each of these areas, providing greater specialist insight. This is in contrast to the past when general inspection teams could inspect hospitals, care homes and primary care services.

The CQC are also placing greater emphasis on surveillance, compiling data and evidence from both national and local sources. There is, therefore, evidence of the CQC attempting to develop stronger relationships with organisations such as the Council's Department of Adult Social Services, Healthwatch, Clinical Commissioning Groups and Quality Surveillance Groups in order to build up greater local intelligence. The CQC also aims to use information available from scrutiny committees to support their inspection process, especially feedback from local residents. Recommendation 47 of the Francis Review states that 'CQC should expand its work with overview and scrutiny committees and foundation trust governors as a valuable information source'. Furthermore, the recent Scrutiny

Review undertaken by a Panel of Wirral Members relating to the Implications of the Francis report for Wirral agreed the following recommendation:

“The Head of Policy & Performance / Director of Public Health is requested to develop a mechanism to enable members of the Families and Wellbeing Policy & Performance Committee to establish an effective working relationship with the Care Quality Commission (CQC).”

The Members of the Care Homes Scrutiny Panel fully endorse this approach. In a new departure, the CQC are now encouraging Local Authority scrutiny committees to develop a relationship whereby dialogue exists between the two organisations, with regular informal contact and Chairs feeling able to “pick up the phone”. It is anticipated that health scrutiny committees will also make greater use of information from the CQC’s inspection activity. Equally, information gathered by health scrutiny about resident’s experiences of the local health and care system and of individual services should be shared with the CQC. The challenge is to ensure that the relationship between CQC and scrutiny committees “is a two-way street”.

The intention is for the CQC to use intelligence to decide when, where and what to inspect. The new approach to inspections is evidenced by the inspection teams including greater clinical input and inspectors will be expected to use professional judgement. It is intended that more inspectors will be recruited to provide bigger teams and more expert staff. Greater emphasis will also be placed on listening to the views of staff and residents in care homes.

Five areas of quality and safety are embedded within the new approach to inspections:

- Are services safe?
- Are they effective?
- Are they caring?
- Are they well-led?
- Are they responsive to what people tell them?

It is intended that, as the new inspection regime is rolled out, performance ratings for all establishments will be published. However, the final form of the ratings has not yet been finally been agreed, although initial thinking is that providers will be judged as:

- Outstanding
- Good
- Requires improvement
- Inadequate

Panel Members welcome CQC’s changing approach to inspections, especially the proposal to move towards identifying and publishing ratings, which should help residents to choose between services and to encourage improvement in the quality of service.

It is worth noting that CQC does not currently have the powers to inspect Local Authority Social Service Departments; as Ofsted does with Children’s Service Departments. It is also noted that CQC does not investigate individual complaints, which is the role of the Local Authority. If a safeguarding issue is raised with the CQC as the primary source, CQC will issue a safeguarding alert, by which the Local Authority is notified.

7.2 DASS Quality Assurance Team

The Quality Assurance Team was created in April 2012, following the Safeguarding Peer Challenge, where it was recognised that through proactive monitoring of services poor quality services could be recognised at an earlier stage and development needs of the provision identified with the owner. In addition, the safety and welfare of the customers could be improved and safeguarded, where appropriate. Monitoring of these services, prior to the establishment of the Quality Assurance Team was reactive, focusing primarily on safeguarding concerns. It is estimated that 50% of the safeguarding alerts that are received, approximately 35 new cases a week by DASS, relate to concerns within a commissioned provider. In the first year of implementation of proactive monitoring

visits it was also identified that there were a large number of providers whose service was not meeting either the CQC essential standards or Wirral Council contractual standards. These services then require further scrutiny by the Quality Assurance Team to ensure that identified improvements are made.

The Quality Assurance Team is a joint development with health partners. The integrated team consists of 1 Manager, 7 Quality Assurance Officers and 1 Lead Nurse for Quality across the Residential and Nursing sector. In the first year of implementation the Quality Assurance Team assessed the quality of the Nursing and Residential provision. All establishments registered for this provision were visited and monitored against the quality framework developed by the team. In addition, they responded to approximately 35 safeguarding alerts per week, relating directly to care provision.

Wirral Council commissions all of its general residential and nursing care from the independent sector. DASS has a responsibility to monitor the quality and standards only of those homes who are commissioned to provide services to the Council. This is unlike the CQC which has a responsibility to regulate and inspect all registered providers. Therefore, those homes whose clients are self-funders only will be inspected by the CQC but not by the Local Authority. In addition, Healthwatch does also have authority to undertake Enter & View visits in Care Homes where NHS services are provided.

The Quality Assurance team carries out checks on care homes using the QA Monitoring framework. The framework ensures that specific standards are met, based on a basic level of care. In the future, there is an intention to raise standards by focusing increasingly on good quality of care. During the course of this Scrutiny Review, the framework was shared with Members as part of the evidence gathering. Evidence shows that the Quality Assurance Team are also inspecting homes more frequently than was previously the case.

Following the inspection, if the home is not compliant, the Framework form is provided to the provider. The QA team will produce an Action Plan, which sets out what is wrong, what has to improve and by when. Follow-up meetings are held to ensure that the Action Plan is implemented. The Local Authority has the option to suspend a care home, which means that for the duration of the suspension no new clients will be placed in the home. If a home is suspended, all those organisations who place clients will be informed, for example, North West Region Local Authorities, DASS, health providers such as hospitals, hospices. However, it is not possible to stop homes from taking in new residents if those clients are self-funders. In the past, suspension has been used sparingly by the Local Authority although there have been more in recent months.

A revised inspection process has been recently designed by the Quality Assurance Team. It has been developed through the involvement of professionals, families and providers. As providers already have to complete self-assessments for other organisations, DASS will be introducing an element of self-assessment to the process. During the inspection, more time will be focused on the outcomes for residents, for example, speaking to residents and staff, with the primary question being "what is it like to receive a service from this provider?" Checks will also be sustained throughout the year. In the future, it is intended to work increasingly in partnership with other agencies, for example, health & safety.

During the last year, the Quality Assurance team has introduced a RAG (Red, Amber, Green) rating for all care homes with which the Council places clients. This rating is used to identify the assessed quality of the provision. The ratings equate to Red meaning non-compliant; Amber partially compliant; and Green fully compliant. Each Provider is assessed on a multi agency level taking into consideration information from the Quality Assurance Team, DASS operational and complaints teams, health commissioners, CQC, Healthwatch, Merseyside Fire and Rescue, Infection Control and the Health and Safety Executive. The judgment of status is carried out through the RAG Panel meetings held monthly. This enables the Quality Assurance Team to identify and focus on poor quality services while monitoring in accordance with the risk identified. The aim of which is to reduce safeguarding concerns and start to proactively monitor.

Members heard evidence that there appears to be a discrepancy between the two inspection regimes operated by the Quality Assurance Team and CQC. The different approaches demonstrate the distinctive roles as a commissioner and a regulator respectively. Members were informed that a care home in Wirral may not be just inspected by Wirral Council but also by any other Local Authority who place residents at the home. This could give rise to multiple inspections. Members were also informed that each alternative assessment prioritises different demands, leading a care home owner to conclude that:

"Owners want one very, very rigorous inspection".

Currently, the CQC focuses on specific regulations and monitors minimum standards to ensure that the regulations are being met. However, the Quality Assurance framework has been updated to place greater emphasis on care standards, other than environmental factors. The contrasting frameworks can therefore give rise to alternative views of a service with, for example, the CQC reporting that all standards have been met whereas this may not be the case with the Quality Assurance inspection, based on a higher level of standards. As a result, Panel Members were informed of cases where the DASS Quality Assurance team has found issues but CQC have found the home compliant. The contrasting regimes resulted in one care home manager commenting:

"It is difficult to understand how CQC can inspect a home and then QA come in and say that this and that have not been done"

Members warmly welcome the approach currently being pursued by the Quality Assurance Team, including the drive towards delivering supportive measures to the providers. Members heard evidence that the new approach was delivering benefits. A representative of a partner organisation commented:

"There is now greater confidence than 6 months ago that DASS is putting processes into place but not in a tick-boxing way. The process is still in development but improving".

A series of comments from care home managers provide evidence of progress:

"During the initial period, I had to put a lot of paperwork in place and would have struggled without the support of QA and CQC. In particular, QA was very supportive in moving in the right direction".

"The DASS process provides continuity of officer, which enables improvements to be identified and acted upon. The DASS process is more flexible and targets areas that can be improved quickly".

"The biggest factor in developing towards a good home and maintaining that status is to keep homes under regular review. Although it can create lots of paperwork it keeps us up to standards".

"There is an equally positive relationship with DASS QA and CQC. Neither are seen as a threat. If they find anything we can deal with it and we strive to make things better".

"The best way to achieve improvement in standards is for homes to open up and become less defensive. The QA team will help if they are given the opportunity".

However, challenges remain to gain the confidence of more care home managers:

"The QA team spends lots of time and energy with providers who do not want to improve and are very defensive towards the QA team; whereas other homes want help and support to change".

7.3 Healthwatch

Wirral Healthwatch is an independent consumer champion, responsible for gathering and representing public views. Healthwatch must ensure that the views of people that use services are taken into account and influence the design and delivery of local services. Healthwatch is expected to complete evidence-based reports and recommendations to the commissioners and providers of health and social care provision. The role includes:

- Providing a complaints advocacy service
- Undertaking 'enter and view' visits to service providers on an unannounced basis as necessary
- Reporting concerns to the Care Quality Commission
- Serving on the Health and Wellbeing Board

It is therefore essential that Healthwatch has strong relationships with partner organisations to ensure that it acts as an effective 'eyes and ears' of health and social care services. Employing a small number of staff, the resources of Healthwatch are supplemented by the inclusion of approximately 50 active volunteers.

Healthwatch has a statutory right to undertake 'enter and view' visits of health service providers ranging from Wirral University Teaching Hospital to independent care homes. DASS is increasingly working in collaboration with Healthwatch to establish themes of concern and priorities for visits. . The aim is for Healthwatch to provide qualitative reports, based on hearts & minds relating to resident's experience. Healthwatch also provide an important link to homes with which the Local Authority does not contract, as they are able to inspect any registered provider.

The recent Scrutiny Review undertaken by a Panel of Wirral Members relating to the 'Implications of the Francis report for Wirral' agreed the following recommendation:

"The Head of Policy & Performance / Director of Public Health is requested to develop a protocol between Healthwatch and health scrutiny in order to encourage collaborative and effective joint working. The protocol will be in place by the commencement of the 2014/15 municipal year".

The Members of the Care Homes Scrutiny Panel fully support this approach.

8. A COMMENT ON QUALITY

Members are not currently reassured that all homes are safe and offer care of high quality; nor that consistently good standard care is being achieved. Based on the Quality Assurance Team's RAG rating (Red 11, Amber 32, Green 65) 43 care homes out of a total 108 (40%) are not fully compliant.

RAG Count	12.08.13	09.09.13	07.10.13	04.11.13	02.12.13	21.01.14	03.03.14
Red	9	14	14	12	8	11	11
Amber	35	30	33	34	28	27	32
Green	64	64	61	62	72	70	65
Total	108	108	108	108	108	108	108
Suspensions	5	5	4	3	1	2	3

There has been a change in approach towards proactive monitoring (as opposed to previous predominantly reactive response to issues such as safeguarding) and officers are clearly working hard to deliver that process. However, the evidence suggests that the standard in some homes is not good. This conclusion is not only supported by the RAG rating, but by the conclusions of some CQC inspections.

9. **SUGGESTED FUTURE DEVELOPMENTS**

9.1 **Monitoring Framework**

Current DASS processes ensure that unannounced inspections are undertaken. However, concerns remain that the standards of care delivered to residents may vary at different times, for example, staffing levels may be adequate during daytime on weekdays but this may not be the case during evenings and nights or at weekends. It was suggested that one way to ensure that a home maintains high standards is for them to be inspected or visited regularly and at varying times. Members received comments from professionals such as:

“Inspection out-of-hours would be illuminating”.

Recommendation 1 – Out-of-hours inspections of care homes

The Director of Adult Social Services (*) is encouraged to increase the number of inspections of care homes that take place out-of-hours in addition to the unannounced visits which already take place.

During the Review, the role of the Lead Nurse for Quality in Care Homes became apparent. As the commissioning of care home places is increasingly a joint social care and health priority, there is a key function played by the Clinical Commissioning Group (CCG) in providing the lead nurse to support the care home monitoring and inspection process. Until the Lead nurse for Quality in care homes was appointed no basic health care checks were covered. Evidence emerged that there is a need for clinical checks to be done by people with those skills and training. Staff on the ground greatly welcome that there is a clinical opinion available to work alongside DASS. The nurse is often asked by both the DASS Quality Assurance team and care home staff for clinical advice and support, for example, with regard to pressure ulcers or medication administration, and so. Support is also available with signposting to other services and requests can be made for more specialist advice and support for the homes from CCG commissioned services, for example, tissue viability.

However, it is noted that there is only one nurse to support the inspection of 108 homes. Evidence was gathered from a number of sources to suggest that increased capacity in this area would improve the monitoring and inspection capability but would also provide greater ability to give increased direct advice and support to care homes in order to drive up standards.

Recommendation 2 – Clinical involvement in the inspection process

Wirral Clinical Commissioning Group and the Director of Adult Social Services are urged to explore the feasibility of increasing the number of nurses available to support the inspection process. This increased resource will enable a strengthened role in providing advice to care homes and sharing good practice, for example, in relation to skin integrity. In return, ways in which the costs of the additional support could be recouped ought to be explored.

It is noted by the Panel Members that the DASS Quality Assurance team has, during the last year, improved processes in order to enhance standards. As described above, care home managers who had been part of the improvement process confirmed that the support gained from the Quality Assurance team had been beneficial during their improvement journeys. Instrumental in identifying those homes which require additional assistance has been the introduction of the RAG rating system, as described above. It is noted that the framework has been issued to providers so that they are aware of the process. Panel Members consider it important that, if possible and subject to legal advice, details of homes in categories for RAG rating are placed into the public domain. This will demonstrate openness and transparency as well as an ambition to reduce the proportion of homes in the Red and Amber categories. It should also assist people choosing a home as they would be more likely to be able to make properly informed decisions.

Equally, it is considered important to get the RAG rating more widely used and accepted. For example, there is a need to ensure that all those partners placing clients in homes are aware of the particular home's current status and that the necessary information is shared.

Recommendation 3 – Performance data in the public domain

The Director of Adult Social Services (*) is requested to consider the feasibility of placing RAG rating data into the public domain, subject to legal advice.

Recommendation 4 – Extend the acceptance of the RAG rating

The Director of Adult Social Services (*) is requested to ensure that the RAG rating is more widely used and accepted. For example, there is a need for all those partners placing clients in homes to be aware of the particular home's current status and that the necessary information is shared.

The value of the current monitoring framework will clearly be enhanced by each element working in partnership. It is apparent that intelligence and information gathering plays a fundamental role in identifying concerns regarding care standards and potentially safeguarding issues. Sharing information between partner organisations clearly reduces the probability of significant issues remaining undetected. Evidence shows that a positive working relationship is being developed between Healthwatch and the Quality Assurance team, both in information sharing and inspection planning. All of the major partner organisations, including the CQC, also attend the key meetings such as strategic reviews where potential suspension is discussed.

Nevertheless, some concerns were expressed regarding the sharing of information across the different partner bodies. For example, although inspection reports appear to be shared, some delays in passing on information were reported. As an instance, CQC do not share information with partners about an inspection until it is published on their website. Although an improvement towards more constructive partner working was described, Members identify scope for further progress.

Recommendation 5 – Collaborative working between partners

All partner organisations, including the Department of Adult Social Services, Wirral Healthwatch and the Care Quality Commission are encouraged to work more collaboratively. The increased sharing of information between partners is supported.

9.2 The Council's Contractual Relationship with care homes

It was acknowledged by officers that, in order to aid monitoring and consequently improve standards, there are benefits from the home care contract being as specific as possible. It is envisaged that further steps will be taken to strengthen the contract. Panel Members also propose that the standard contract should be reviewed on an annual basis to provide a general review point, giving the opportunity to include any learning points and changes to circumstances.

The current contract is a joint health and social care contract, although historically the process has been very much led by DASS. When the nursing home contract was last updated, health partners were able to add specific key performance indicators which had not been previously included, for example, infection control standards, dementia indicators, and best practice measures. It is now anticipated that further health related issues will be included in contracts in the future.

Recommendation 6 – Care home contract

The Director of Adult Social Services (*) and Wirral Clinical Commissioning Group are jointly requested to ensure that the contract with care homes is as specific as possible, ensuring that both social care and health aspects are adequately covered and its contents subject to an annual review.

Throughout this Scrutiny Review, sources repeatedly emphasised the importance of leadership towards the success of a care home:

“The key to a good home is leadership but there are cases where there is a good manager but the owner will not provide the appropriate funding. Alternatively, the managers will not stay and there is a flux in the leadership. Failing homes is all about leadership.”

“The reason for the home having problems had been due to poor management”.

“The importance of the role of the manager, supported by the owner, in providing leadership for a care home was acknowledged. If the manager was to leave it may well lead to a fall in standards”.

“The highest priority for a home to improve is to employ the right manager. However, the pressure on a home without a manager is immense. Therefore, many homes will take the first that comes along rather than looking for the right person”.

“The reason for the home having problems had been due to poor management. The home has had the same owner for 20 years, but the managers have changed”.

It is, therefore, suggested that good practice guidance be introduced for care home managers. This will enable the Council's expectations to be publicised and good practice to be shared. It is anticipated that the guidance will be incorporated within contractual arrangements.

Recommendation 7 – Good Practice guidance for care home managers

The Director of Adult Social Services is requested to develop good practice guidance for care home managers, to be incorporated within contractual arrangements.

During this review, the impact of home's owner on the quality of the home has become apparent. Further to Winterbourne View, it was evident that further steps had to be taken to ensure that named leaders are held accountable. It is intended that this will be one of the core values to which the CQC will work in the future. The Panel Members were informed:

“No one inspects the person with the cheque book. The attitude of the owner is most important”.

However, it is possible that the owner may be operating at arms length and is not fully aware of all circumstances. One case study of which Members became aware related to a proprietor who had assumed that standards were reasonable as no complaints had been made and he had assumed that all the paperwork was being done. This was not case and it was not until the home failed a CQC inspection that they became aware of the difficulties in which the home was in. It is, therefore, suggested that significant correspondence to the manager of a home should also be copied to the proprietor's residential address.

Recommendation 8 – Communication with care home owners

In order to improve awareness of care home owners, the Director of Adult Social Services (*) is requested to ensure that essential correspondence is copied to the home owner as well as the manager.

9.3 Encouraging excellent standards and sharing good practice

Other than leadership, clearly the competence and training of staff is a key contributory factor to the quality of care provided to residents. Comments from care home owners and managers included:

“Pick the right people with the right attitude; train them; and develop a good culture”.

“Most important is getting the right people – you can’t teach kindness and compassion”.

“The aim is to have self-motivated staff with aspiration”.

There are now more complex needs in care homes, which are more complicated to cater for. This requires appropriate skill mixes and staffing levels. CQC used to insist on minimum staffing levels; but this is no longer the case. However, depending on the focus of the inspection, CQC may review staffing levels, the numbers of qualified staff, whether correct recruitment processes are followed, the use of agency / bank staff, and so on. Staffing is one of the 16 essential standards used by the CQC to regulate care homes. (‘There should be enough members of staff to keep people safe and meet their health and welfare needs’). During an inspection, CQC will ask “You have x number of staff today. How did you come to that decision?” The home then has to justify their staffing decisions based on the number of residents, the level of dependency, and so on.

Some concerns were expressed regarding the ability of some staff to communicate effectively with their residents. This is currently not always the case. Salary levels in the care home sector are low; inexperienced staff often being paid minimum wage. There were some observations that, as a result, some staff in care homes appear to feel undervalued. Motivation of staff is, therefore, key.

Although the Francis Review was brought about as a result of the failures of Mid Staffordshire NHS Foundation Trust, implications of the Report included a demand for a change in the culture of care provided across the health and social care sectors. The Chief Nursing Officer of NHS England refers to the 6 c’s of nursing (namely: care, compassion, competence, communication, courage and commitment) in the Strategy for Nursing ‘Compassion in Practice’. Members suggest that equivalent values are embedded within the care home contract in order to support the improvement in quality of care for residents. It was noted by the Members that one care home has implemented ‘Back to Basics’ training to all staff (“as it was done 30 years ago”).

Recommendation 9 – Compassion in Practice

In the Strategy for Nursing, ‘Compassion in Practice’, the Chief Nursing Officer of NHS England refers to the 6 c’s of nursing (namely: care, compassion, competence, communication, courage and commitment). In light of the Francis Report and the demand to change the culture of care, the Director of Adult Social Services (*) is requested to consider how best to embed that ethos within the care home contract.

It was reported that only a small number of nursing homes in Wirral are equipped for end of life care. Panel Members were told by care home managers of the Six Steps training provided to care homes by Wirral CCG, which has proved to be very beneficial. This training aims to ensure that dignity and respect is maintained and that the environment is controlled to ensure that the resident does not have to go into hospital. During the period of required care, district nurse support and equipment is made available in the home.

However, there was also evidence that some homes were reluctant to train staff in basic processes, such as the use of a syringe driver. As a result, the district nurse has to attend on a regular basis. It would be more effective and efficient if the home was able to provide such treatment themselves. The National Strategy on End of Life Care, first produced in 2008, promotes the use of processes such as the Gold Standards Framework. This Framework assists doctors, nurses and care assistants to provide the highest possible standard of care for all patients who may be in the last years of life. It does this by providing these key health and social care professionals with the training they need to provide coordinated, joined up care. It is reported that nationwide, 400 homes have achieved the Gold Standard accreditation.

Panel Members propose that commissioning arrangements are reviewed, with regard to End of Life Care, in order to ensure that as many nursing homes as possible are able to provide such care to a high standard; albeit within the resources available.

Recommendation 10 – End of Life Care

In order to demonstrate the Council's commitment to the National Strategy on End of Life Care, the Director of Adult Social Services is requested to review commissioning arrangements with the Clinical Commissioning Group. The intention is to standardise the provision of End of Life Care, while encouraging nursing homes to aspire to the Gold Standard.

The Panel Members have also concluded that potential residents can be further empowered to make the correct choice for them by guidance being available to enable appropriate questions to be asked to identify that high quality care is provided. Such advice and information could be made available on the Council's website. It is anticipated that, once the Care Bill has become statute and is implemented, the provision of such guidance will become a statutory duty for Local Authorities.

Recommendation 11 – Choosing a good quality home

The Director of Adult Social Services is requested to develop an advice and information guide to assist in choosing a good quality home. Indicators of quality will include, for example, a demonstration of working towards the principles of the Ethical Care Charter, adherence to the culture of Compassion in Practice and aspiration for the Gold Standard for End of Life Care.

During the Review, Panel Members were informed by care home managers that there was very little contact between managers of different homes and there was little opportunity to share good practice. This view was summarised by one manager who commented:
"It would be really helpful if Quality Assurance were able to offer a platform for care home managers to interact in order to share good practice".

Recommendation 12 – Forum for Care Home Managers

In order to encourage excellent status homes to share good practice with others, the Director of Adult Social Services is requested to facilitate a Forum or platform for care home managers to interact and share good practice.

Regarding the care of residents with dementia, Members were informed of concerns regarding the lack of knowledge and adequate training, particularly in homes which care for people with dementia, but also in care homes in general. It was reported that there is often a lack of understanding and insight among staff of care homes.

Alzheimers Society have developed a document 'This is Me', which is effectively a passport for a person with dementia or other communication difficulties. Where used, it has proved to be an effective method of ensuring information about the person is transferred. Panel Members suggest that greater use should be made of 'This is Me' across the health and social care sector. Care homes could be encouraged to make wider use of the passport by inclusion of its provision within the Council's care home contract.

Recommendation 13 – Encourage the wider use of the 'This is Me' passport

The Director of Adult Social Services (*) is requested to consider the practicalities of using the contract provisions to encourage care homes to employ wider use of the 'This is Me' passport for people with communication difficulties and to develop standardised health and social care documentation across all providers on Wirral to assist in accurate information transfer between health and social care settings.

9.4 Feedback and performance Monitoring

The case was put to the Panel Members that Residents tend not to complain or move home when standards are poor because, compared to their previous living conditions, the home is good. The level of care is higher than domiciliary care. The care home environment is seen as an improvement because the resident gets contact and activities.

“Unless they have been around a better home, then they don’t know it until they have seen it”.

In addition, many relatives do not know the standards of compliance.

“Many relatives do not understand the system”.

Members were also told that Care home staff can be frightened of losing their jobs and are therefore reluctant to become whistleblowers. It is recognised, too, that there is a fear of complaining among some residents and relatives, for fear of retribution. Some do report incidents after the event, for example, after the resident has died or where the resident has been in the home for respite care (that is, short-term care). Nevertheless, it is important that all staff, residents, relatives and visitors are empowered to take action to report concerns if necessary.

“It was acknowledged that it is very difficult for relatives to complain to care homes. There would be a great benefit if relatives were further empowered to complain”.

Panel Members considered the options available to promote a confidential phone line to ensure that facilities are available if required. As discussed earlier, Healthwatch has a role to ensure that the views of service users are heard and to be an effective ‘eyes and ears’ of health and social care services. It is, therefore, suggested that all care homes with whom the Council has contracts are requested to show contact details for Healthwatch in a prominent place along with an explanation of Healthwatch’s purpose.

Equally, Members suggest that more should be done to empower the public to take on a greater role as the “eyes and ears” in care homes. A prominent publicity campaign could be employed to promote this concept and develop a greater awareness of safeguarding issues among the public.

Recommendation 14 – Publicity for Healthwatch

In order to enable greater feedback from service users, the Director of Adult Social Services will ensure that all care home providers will display, in a prominent position, contact details for Healthwatch. This requirement will be incorporated within the care home contract.

Recommendation 15 – Raising awareness of the public – Safeguarding

The Director of Adult Social Services and the Head of Communications and Community Engagement are requested to develop a publicity campaign to empower the public to be the “eyes and ears” regarding the quality and standards in care homes; every person visiting a care home having a responsibility to be those ‘eyes and ears’.

DASS has plans in place to develop a central database for the use of identified professionals. The system will bring together quality assurance reports, complaints, safeguarding and review information in a central repository for each provider and will therefore provide an overview of the service which can then assist to evaluate the service and enable trend monitoring. There will also be greater opportunity to share information with partners.

DASS also intend to provide, based on the outcomes of the self-assessment and rating processes, an Annual Quality Assurance report. It is envisaged that these reports will be available to the general public through the Council website. In addition, Panel Members are keen to see effective performance indicators developed which can be benchmarked and reported on a regular basis.

Recommendation 16 – Establish relevant performance indicators on the dashboard

The Director of Adult Social Services is requested to ensure that relevant performance indicators are established on the performance dashboard, reported to the Policy & Performance Committee, to ensure visible monitoring of quality in care homes. This could include the numbers of care homes categorised by the RAG rating.

A Scrutiny Review regarding the 'Implications of the Francis Review for Wirral' was recently completed. One of the recommendations of that Review was:

In order to fulfill health scrutiny's role to hold providers to account, the Families and Wellbeing Policy & Performance Committee will establish a standing Member's panel to monitor the performance of health providers. It is suggested that the Panel will be known as the Health Performance Monitoring Panel and will be established in readiness to review the Quality Accounts produced by health partners in spring 2014.

Members of the Care Homes Scrutiny Panel have now concluded that, in order to provide greater focus of Members on standards, the performance monitoring of care homes should also be included within the remit of the Health Performance Monitoring Panel.

Recommendation 17 – Provision of performance data to Members

The Head of Policy & Performance / Director of Public Health is requested to include the monitoring of care home quality within the remit of the proposed Health Performance Monitoring Panel. This will enable care home performance issues to be raised with elected Members by the Director of Adult Social Services. A summary of recent CQC reports will also be made available, particularly highlighting those where weaknesses have been identified. Social Care Managers are also requested to make relevant data available to Constituency meetings.

All councillors are representatives of their communities and are in an ideal position to provide a link to the communities which they represent and also reflect the views of constituents. It is therefore proposed that ward Members are encouraged to develop a strong working relationship with the contract manager in DASS and also with the managers, staff and residents of care homes in their wards.

Recommendation 18 – The relationship between local Members and care homes

The Director of Adult Social Services is requested to provide local Members with a list of care homes in each ward. As part of the process to develop "eyes and ears", Members are encouraged to develop a relationship with the contract manager as well as managers, staff and residents of care homes in their ward. Members and MPs will also be informed of concerns with care homes within their area (such as a RAG rating of RED or where a Strategic Review has occurred).

This Report was produced by the Care Homes Scrutiny Panel
(which reports to The Families and Wellbeing Policy & Performance Committee)

Appendix 1: Scope Document for the 'Care Homes Scrutiny Review'

Date: 5th November 2013 (Version 3)

Review Title: Quality Assurance of Care Homes

Scrutiny Panel Chair: Cllr Wendy Clements	Contact details: wendyclements@wirral.gov.uk
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Other Key Officer contacts: Amanda Kelly	0151 666 3671 amandakelly@wirral.gov.uk
1. Which of our strategic corporate objectives does this topic address? This Review will support the Council's Corporate Objectives to protect the vulnerable in our borough.	
2. What are the main issues? 2.1 How is the quality of care homes in Wirral currently monitored and what processes are already in place, including the role of the Care Quality Commission (CQC)? 2.2 How are homes who are delivering care below the required standard identified? 2.3 What processes are in place to raise the quality of homes where necessary? 2.4 Could more be done to make working between health partners more effective? 2.5 What would be the most effective future arrangements for: <ul style="list-style-type: none">• Reporting relevant performance / monitoring data to the Policy & Performance Committee?• Involving local Members in the monitoring of care homes in their ward?	
3. The Committee's overall aim/objective in doing this work is: This Review will enable Members to gain assurance that there are adequate mechanisms in place and, in the longer term, to improve the standards of care.	

<p>4. The possible outputs/outcomes are:</p> <p>4.1 To understand the current monitoring arrangements, and if necessary, propose improvements.</p> <p>4.2 Identify ways in which outcomes for residents in care homes can be improved.</p>																
<p>5. What specific value can scrutiny add to this topic?</p> <p>Scrutiny will give Members the opportunity to gain assurance that there are adequate mechanisms in place and, in the longer term, to improve the standards of care. Scrutiny can also explore best practice from elsewhere.</p>																
<p>6. Who will the Committee be trying to influence as part of its work?</p> <p>6.1 Appropriate Cabinet Members and Directors, Wirral Borough Council.</p> <p>6.2 Partners of the Council, for example, Wirral Clinical Commissioning Group (CCG), Care Home providers</p> <p>6.3 Local Members</p>																
<p>7. Duration of enquiry?</p> <ul style="list-style-type: none"> • This will be a short review, for which the evidence gathering will be completed by December 2013. • It is intended that a report from the Task & Finish Group will be presented to the meeting of the Families & Wellbeing Policy & Performance Committee to be held on 28th January 2014. 																
<p>8. What category does the review fall into?</p> <table> <tr> <td>Policy Review</td> <td>X</td> <td><input type="checkbox"/></td> <td>Policy Development</td> <td><input type="checkbox"/></td> </tr> <tr> <td>External Partnership</td> <td></td> <td><input type="checkbox"/></td> <td>Performance Management</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Holding Executive to Account</td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>		Policy Review	X	<input type="checkbox"/>	Policy Development	<input type="checkbox"/>	External Partnership		<input type="checkbox"/>	Performance Management	<input type="checkbox"/>	Holding Executive to Account		<input type="checkbox"/>		
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External Partnership		<input type="checkbox"/>	Performance Management	<input type="checkbox"/>												
Holding Executive to Account		<input type="checkbox"/>														
<p>9. Extra resources needed? Would the investigation benefit from the co-operation of an expert witness?</p> <p>The review will be conducted by councillors with the support of existing officers. However, the panel are looking for advice from people with expertise on this topic.</p>																

10. What information do we need?	
10.1 Secondary information (background information, existing reports, legislation, central government documents, etc). <ul style="list-style-type: none"> • Relevant Government Departmental reports • Briefing papers provided by national bodies, for example, LGA, LGiU • Reports from other Councils relating to the same topic • Ethical Care Charter 	10.2 Primary/new evidence/information <ul style="list-style-type: none"> • Interviews with key officers • Documentation regarding the current monitoring processes which are in place • Performance data that is currently available
10.3 Who can provide us with further relevant evidence? (Cabinet portfolio holder, officer, service user, general public, expert witness, etc). council officers to include: Potential witnesses include the following: <ul style="list-style-type: none"> • Amanda Kelly (Senior Manager - Market Transformation and Contracts) plus the Quality Assurance team (DASS) • Val Tarbath (Wirral Clinical Commissioning Group) • CQC • Karen Prior (Healthwatch) • Care Home Managers • Possible Focus Group of advocacy agencies representing service users (for example, Age UK, Alzheimer's Society, Older People's Parliament, etc.) 	10.4 What specific areas do we want them to cover when they give evidence? Specific lines of enquiry will include the following: Current processes

11. What processes can we use to feed into the review? (site visits/observations, face-to-face questioning, telephone survey, written questionnaire, etc).

11.1 Meetings with officers listed in 10.3 above

11.2 Desktop analysis / research

11.3 Possible Focus Group of Care Home Managers

11.4 Possible Focus Group of advocacy agencies representing service users

12. In what ways can we involve the public and at what stages? (consider whole range of consultative mechanisms, local committees and local ward mechanisms).

12.1 Advocacy agencies such as Healthwatch will be involved in the review