

REPORT TITLE	Response to CQC Publication on Quality
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REPORT SUMMARY

Since October 2014, when the Care Quality Commission (CQC) completely overhauled and transformed our regulatory approach for adult social care services in England, people have been using CQC inspection reports and ratings as an important source of information to support their choice of care services.

The findings from CQC's initial programme of comprehensive inspections in adult social care are identified in the CQC report "The state of adult social care services 2014 to 2017". The results from the programme of more than 33,000 inspections, showed almost four-fifths of adult social care services in England were rated as good (77%) or outstanding (2%) overall. Nearly a fifth of services were rated as requires improvement.

Whereas it is noted that there has been a continual improvement in the number of Good rated homes nationally, regionally and locally, Wirral as part of the North West region was identified as being in the bottom 20% of local authorities in relation to the quality of Care as rated by CQC.

This report outlines the measures being implemented to address the findings of this report on a local level by the Integrated Wirral Council/ Wirral CCG quality improvement team. As CQC ratings can only be set by CQC, the local improvement plan will need to align with the next reporting cycle from CQC and as such this is a 3 year improvement program.

RECOMMENDATION/S

That the report be noted.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 N/A

2.0 OTHER OPTIONS CONSIDERED

2.1 N/A

3.0 BACKGROUND INFORMATION

3.1 The main themes identified in the national picture are also clearly identified in the Wirral local area.

- Overall ratings
- Ratings by key question type
- Challenges

3.2 Overall ratings

3.2.1 CQC uses a rating system that rates a service as, outstanding, good, requires improvement and inadequate.

3.2.2 Good rating - Nationally the highest portion of ratings is services rated "Good". On the Wirral it is 60% of services are rated "Good".

3.2.3 Requires improvement rating - The next largest category rating on Wirral is "Requires improvement". This is again in line with the national picture. Nationally 38% of services that are initially rated as "required improvement" fail to improve following a re-inspection and remain in this category for protracted periods of time. It is this category that poses the largest challenges with services not improving or seemingly incapable of improving, despite knowing from inspections what needs to change. This would indicate from a quality perspective a service that is satisfied with a maintaining low quality, a "good enough", approach. This is not an acceptable practice and one that will not be tolerated on Wirral. Those services that fail to improve even with the target support provided from a named Quality Officer will be dealt with through the contract compliance process. With the large number of private care providers choosing to invest on Wirral it is felt that this approach would not limit the choice of care provision.

3.2.4 The current nursing and residential care home market for Wirral is:

Type of bed	Total Capacity of Beds per Home
Residential	1014
Nursing	743
R EMI	563
N EMI	325
Residential MH	316
Residential LD	185
Nursing LD	12
Total	3158

3.2.5 The nursing and residential care homes newly built on Wirral are:

- Heswall- 55 beds – opened Jan 2017
- Hoylake – 52 beds – opened Nov 2016
- Pensby- 60 bed - planned opening Jan 2018
- Hoylake- 40 bed- Jan 2018
- New Brighton -160 bed - summer 2018

3.2.6 Inadequate rating - more than four-fifths (81%) of locations that were initially rated as inadequate have improved their rating after a CQC inspection. On Wirral the two services in the last 6 months rated as inadequate, through the support of the quality team, have turned the service around and have improved their rating at the re-inspection stage. These services were under enforcement action and if they had failed to improve would have been deregistered.

3.3 Rating by Key Question type

3.3.1 The CQC 5 key areas for inspection are; is the service safe, effective, caring, responsive and well-led?

Nationally and on Wirral the highest rating key question areas is for “caring”. It is noted that this key question is influenced by the staff that provide the actual hands on care and as such is seen as a positive. The other 4 key questions are influenced by the management of the service and owners of the home. Wirral matches the national picture by services that are rated as “requires improvement” failing due to lack of management and leadership.

3.4 Challenges

3.4.1 Adult social care services are facing a number of challenges. These include:-

- An ageing population with increasing needs. The number of people aged 85 or over in England is set to more than double over the next two decades. More than a third of people aged over 85 have difficulties undertaking five or more tasks of daily living without assistance, and are therefore most likely to need health and care services.
- Difficulties in recruiting and retaining staff to care for people. In 2015/16 the overall staff vacancy rate across the whole of the care sector was 6.8% (up

from 4.5% in 2012/13), rising to 11.4% for home care staff. Turnover rates have risen from 22.7% to 27.3% a year over the same three-year period.

- Rising costs of adult social care. Findings from the most recent Association of Directors of Adult Social Services (ADASS) budget survey have estimated that the National Living Wage will cost councils around £151 million plus at least £227.5 million in implementation and associated costs in 2017/18. This will affect both direct council costs and increased provider fees.

3.5 Response to address the findings of the CQC report

3.5.1 The Quality and Safeguarding responsibilities of Wirral CCG and Wirral Council for community provider services have now been integrated and are led by the Director Of Quality and Patient Safety (Wirral CCG) on behalf of the Director of Care & Health

3.6 Contract compliance.

3.6.1 It was felt that the Wirral Council contracts management function should be improved, having a focus on performance data and formal contract management schedules. A more targeted performance framework gives a greater focus on those providers that are failing to improve. Key performance drivers will now be included in all contracts with the sector.

3.7 Quality Improvement Framework

3.7.1 There has been a robust quality assurance framework on Wirral in place since 2013. This has been effective and supported improvement over the years. However it is recognised that this needs further development and a greater focus on quality improvement rather than regulatory compliance. The new framework allows for CQC, the contracts manager and quality officers to work together but without duplication of roles thus maximising resources.

3.8 Contract Framework

3.8.1 The contract managers will focus on performance and so give assurance through monitoring the performance of services. Quality officers will focus on supporting quality improvement.

3.8.2 Services are monitored by contracts leads through use of:

- Regulators reports
- Healthwatch reports
- Audits
- Hearing the views and experiences of people who use services
- Feedback from other professionals.
- Self-Assessment by providers
- Visits and meetings
- Complaints
- Safeguarding reports

3.8.3 In addition “Good” rated services will be monitored through the elected member visits with Healthwatch.

3.9 Elected members Visits

3.9.1 The role of the Elected Member Quality Visits is to visit Care Homes to ensure that the people who use services are at the heart of the audit. The methodology would be for the elected members to have a role in the planned scheduled annual audit, to collect the information from the people who use the service and to reflect on the quality of care & support.

3.9.2 Elected members have been trained by Health Watch in the ‘Enter and View’ process. Healthwatch have a very successful well established training program for members of the public. To date 23 Elected Members have been trained.

3.9.3 Visits are coordinated through the Quality Team. 9 visits are planned between November and December. The reports from these visits will be fed into the Wirral Quality Surveillance group by Healthwatch.

3.10 Wirral Quality Surveillance group

3.10.1 It has been recognised that it is not only CQC and the local authority / CCG Quality team that are stakeholders in assuring the standards in Care homes and other community services. Other professionals that have a presence in these services including Infection Prevention Control, Merseyside Fire and Rescue, District Nurses, Continuing Health Care, End of Life Team, Community Geriatricians, Healthwatch, Community Pharmacy, GP surgery, Public Health, Wirral Community Trust all now meet on a monthly basis to discuss the quality of care. The meetings are used to ensure that those services that are currently CQC “good” rated are not declining, and starting to raise concerns. At these meetings if any service is rated as “good” and there are concerns raised by any stakeholder an unscheduled visit is planned by the most appropriate professional from the group. This professional then feeds back to the quality team and an appropriate action plan implemented. Updates are also given in relation to all “requires Improvement” and “inadequate” services.

3.11 Quality Improvement Practitioners

3.11.1 A development of the quality assurance role into a more quality improvement focused role.

3.11.2 The Quality Improvement Practitioners role is to;

- Support Providers who are CQC rated as “requires improvement” or “inadequate” to improve to “good” rating.
- Support the contract management process.
- Work in partnership with CQC to plan visits to make best use of schedule visits.
- Respond to new concerns through unplanned visits

- Lead the Implementation of the Wirral Quality Improvement Plan (WQIP)

3.11.3 Quality officers will;

- Have 80% planned scheduled work and 20% unplanned visits.
- Have identified providers in service areas
- Report on a monthly basis of the level of improvement
- Work in partnership with all stakeholders to champion and address the concerns identified by providers.
- Report services that are failing to improve to the contract lead for contractual action to be taken.
- Take lead in implementing best practice as identified in the WQIP.

3.12 Wirral Quality Improvement plan

3.12.1 The WQIP is a whole economy plan that collates and maps out all improvement initiatives that are being implemented in the Wirral Commissioned Care Market. The Wirral Quality improvement Plan identifies how each of the initiatives will address those priorities set by Wirral CCG Governing Body, Wirral Council, NHS England, ADASS, CQC and the Wirral 20/20 vision. The quality officers will implement the improvements on provider by provider bases which will ensure all elements of the market are supported to improve and sustained.

3.12.2 Themes of improvement plan are;

- Reducing unplanned admissions to hospital from care homes by improved pressure care, falls prevention, diabetes, end of life care, enhanced GP service, care connector for complex health management tele-triage
- Improving the quality of care through staff, sharing best practice, registered managers network, training consortiums, standardising staff competencies frameworks, flu inoculation.
- Flow out of the hospital to reduce deconditioning through trusted assessor, Transfer to Assess (T2A), Age UK home of choice, standardised admission documents.
- Innovation through app's to support improvements; nursery's linking with care homes, kite mark status, buying power, meds management.

3.13 Registered Managers Network

3.13.1 The Registered managers Network is a quarterly meeting attended by registered providers of Community services on Wirral. The overall purpose of the network is to support registered managers to improve the quality of their services. This will be achieved by offering peer support, sharing of good practice in a structured way, contributions from those who can assist with the quality agenda e.g. CQC, and support from Skills for Care on workforce development. Ownership for the network is shared. The Wirral network is chaired by 3 registered managers; Skills for Care take a proactive role in supporting the network and assisting with the setting of agendas for meetings.

3.13.2 Previous agenda items have included:

- Open discussions around recruitment and barriers
- Presentations/discussions around learning opportunities from Skills for Care and University of Chester
- Process updates from Wirral Council e.g Complaints and ALADO, DoLs and MCA
- Q&A sessions with CQC
- Clinical updates e.g. diabetes policy, 'react to red', flu policy, 6 steps end of life care programme
- Care and support planning open workshop with input from CHC, Dieticians, QA and QIN

3.13.3 Over the past 4 meetings since October 2016 there has been an average attendance of 38 represented providers with 87 different providers having attended at least one meeting and 46 having attended at least 2.

3.14 Owners network

3.14.1 It has been identified that the challenges that face the owners of care homes are often different than those faced by the registered managers. Financial challenges, knowledge relating to market capacity, developing models of care, organisational strategy or policy changes and solutions to economies of scale efficiencies are all of a concern to care home owners.

3.14.2 A care home owner group is now being set up with a view to supporting the group to autonomy in the first 6 months so that they can have a voice and engage effectively with both Wirral CCG and Council to form a shared vision and approach to improving the Wirral Quality of care.

3.15 Provider Quality Event

3.15.1 Providers of services on the Wirral were invited to attend an event on the 02/10/17 to discuss the findings of the CQC report and to engage with the Market to explore why Wirral is in the position it is and identify how as a whole economy we intend to address this. Over 150 providers attended and a very proactive engagement event. A further event is scheduled for December 2017. The providers carried out 2 group exercises:-

Group Exercise 1 - Are there any local factors that affect quality?

The themes identified were

- Increasing cost of providing care
- Recruitment and retention
- Inconsistency in inspection.

Group Exercise 2 - What are the areas we need / want to improve?

The themes identified were

- Recruitment- Image of being a career- valued profession

- Communication- what future care is needed/ commissioned
- Understanding of the CQC expectations
- Buying power- economies of scale

3.16 Improving the domiciliary care market

3.15.1 The domiciliary care market in Wirral has experienced significant change over the past year, with the impact of the loss of 3 larger providers still being felt.

3.16.2 Demand outstrips supply, as it is increasingly difficult to recruit new care staff.

Key providers in Wirral are working collaboratively with us to improve the situation as quickly as possible. There are currently 95 people awaiting domiciliary care in Wirral. 6 people, currently awaiting a package of care in hospital, 9 in a community transfer to assess bed, 38 people still with our reablement provider and the remaining 42 people in the community. We currently provide 13,936 hours of domiciliary care to a total of 1,231 people and a further 208 hours of reablement to 180 people.

3.16.3 Market size for domiciliary care

Total Hours	Total people	15 min in Hr	30 min in Hr	45 min in Hr	60 min In Hr	60+ In Hr
13,936.75	1231	418.25	9,116.00	1,874.25	1,469.00	1,059.25
		3%	65.5%	13%	10.5%	8%

3.16.4 Key work underway to address situation:

- Wirral wide positive publicity campaign
- Wirral wide recruitment drive
- Additional funding (BCF) – 7 day retainer fee for hospital stays/0-30 min fee rate
- “Secret shopper” to understand the recruitment challenge in areas such as retail
- Exploration of how Wirral can support recruitment and retention packages (e.g. leisure passes)
- “Enhanced domiciliary care” – (health care assistants)
- Accreditation of new providers
- Trusted assessor models being implemented
- Future outcome based commissioning model – move away from traditional time and task
- Pilots being tested
 - Nurse led
 - Role of the key health providers

3.16.5 Regular workshops and meetings with providers are scheduled to monitor the situation and ensure progress against the above actions.

3.17 Reporting of improvements

3.17.1 The governance and progress of quality improvement will be reported to:-

- Monthly SLT performance reports
- Adult Care & Health OSC
- NHSE Quality surveillance group
- CCG Quality and performance committee
- Quarterly to A and E delivery board

4 FINANCIAL IMPLICATIONS

N/A

5. LEGAL IMPLICATIONS

N/A

6. RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A

7. RELEVANT RISKS

N/A

8. ENGAGEMENT/CONSULTATION

N/A

9. EQUALITY IMPLICATIONS

No because there is no relevance to equality.

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APPENDICES

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date