

Appendix 2: Care Quality Team: Role of the Team

1. Provide Targeted Specialist Advice and Support

As shown in the diagram “*Existing Support to Care Homes*” below, various teams and initiatives exist currently to support care homes, with varying levels of integration/interaction. Arrangements are complicated, dependent on contract arrangements and funding streams, and are often temporary. They are generally reactive services, for example, when a safeguarding concern is identified or the home receives an inadequate rating.

A Care Quality Team would have a sole remit of care quality in older people’s care homes, co-ordinating existing and future teams/initiatives, working virtually with NHS partners and acting as the link between the care home and all other organisations, as shown in *Appendix 3: Proposed Model of Care Home Support*. This will simplify the system for care home providers and make it easier for them to access the support they need, when they need it.

A team with the right skill mix e.g. clinical, social care, care home manager, CQC inspector, and with right level of decision making and credibility will be able to influence care homes from owner/director level down.

A Care Quality Team with knowledge of all support services available citywide, can better co-ordinate where services are most needed, and influence future commissioning arrangements, working closely with NHS Partners to develop effective networks, decision making routes, and business processes that enable this. There is potential for;

- co-location with clinical teams.
- additional funding for NHS clinical posts within the team.
- existing NHS roles with quality remits to become part of the team.

Longer term changes to integration support this for example, through *One Voice for Commissioning*, *Citywide Enhanced Care Home Scheme*, and potentially NHS Care Co-ordinator roles and Multi-Disciplinary Teams as part of the roll out of *The Framework for Enhanced Health in Care Homes* model of care.

Many care homes fall just under the CQC Good rating due to errors which could easily have been rectified with pre-inspection guidance. These homes can be overlooked for support as they are not a “failing home”. Proactive services with self-referrals from care homes becoming the main type of referral to the team would address this problem. Care homes can self-refer to inform the Care Quality Team when they know that a new manager needs recruiting, and work with the team to put in place a tailored package of support that starts even prior to the new manager starting to prevent issues occurring.

2. Support risk assessment, action planning, monitoring and taking corrective action to improve care quality

Care homes will work with their allocated Care Quality Officer to carry out a quality self-assessment, develop a quality support action plan and monitoring arrangements to track progress. The team’s level of involvement could range from This could range from

providing a simple checklist for the care home to work through, to full service delivery of a home in crisis. It is important that the team can provide hands on practical support as well as devise an action plan for the home to work through.

Some care homes remain at a requires improvement rating over a long period and are not progressing to Good, as they may not be proactively self-assessing and reviewing on a regular basis to see where they need to improve. They may not be aware of resources available that can help them develop to that next level. A standard action plan model could include weekly visits for the first 3 months, followed by reviews at 3, 6, 9 and 12 months, before usual contract monitoring resumes. The Care Quality Officer will vary the model to an appropriate frequency dependent on the level of support needed, so there is no "cut off" after a standardised timescale.

3. Develop Trusted Relationships

Many care home staff report that their roles are not respected by other professionals and that there is a lack of trust or open/honest communication. The Care Quality Team would act as a link point between the home and all other organisations, using a strength-based, personalised, supportive approach. There will be a strong focus on regular, in setting, communication and engagement with care homes to build trusted relationships and to help tackle the varying levels of existing appetite and capacity for engagement from care homes.

Often it's the same care homes who engage. Others, whilst willing, struggle with capacity to attend. The Care Quality Team will co-ordinate an integrated forum structure for sharing best practise and tackling problems facing the sector together, including a Care Home Advisory Board at Owner/Director Level to provide strategic direction.

4. Workforce Development

Training is sometimes not suitably tailored, for example, assuming a level of knowledge, or not being specific to a care home setting. Often the training offer is a lengthy classroom based course which the care home cannot backfill to enable attendance. Training offers across the city are of mixed quality and knowledge of what is available is patchy.

In addition, time to reflect/supervision can be limited, and effective support networks are not always in place, especially given the competition for good managers in the independent sector. Care home nurses in particular do not feel they have an effective support structure in place, which can affect decision making when they may be the sole clinician in a setting.

The Care Quality Team will share information about training offers across the sector with care homes, using experience from attendees to keep care homes updated on the various offers available, and matching homes to appropriate training depending on identified needs during action planning. As part of the wider One City project quality improvement action plan it is also proposed to develop a Leadership Academy for Registered Managers. The programme will provide a practical approach that directly links to manager's normal day to day activities, with a focus on "supported learning by doing", and sustainability through action learning sets, coaching and/or mentoring, and the development of a peer support network. In addition to specific areas of learning, the programme will include

resilience training, creating the right culture, how to engage effectively with staff and change management/delivering change. The Care Quality Team will work closely with the Leadership Academy to help support the co-production of the programme as it develops.

Addressing the ability of care staff to attend training opportunities is crucial for any workforce development plan. The wider project's quality improvement action plan will also explore options such as a Leeds Bank of Agency care staff to support this.

5. Champion Best Practise and Innovation

It is often dependent on the location of the home as to whether it can take part in a new scheme or initiative, or related to an individual home's finances, knowledge of what's available or willingness to engage with new technology/ways of working. The Care Quality Team will keep all care homes updated on best practise opportunities and how these can benefit their residents, workforce and organisation. They will support care homes to access and implement such opportunities, and encourage the home to come up with their own ideas for quality care delivery. The team will also champion an Annual Leeds Care Home Sector Awards, formally recognising the workforce and those who go the extra mile for care quality, and providing homes the opportunity to share their best practise.

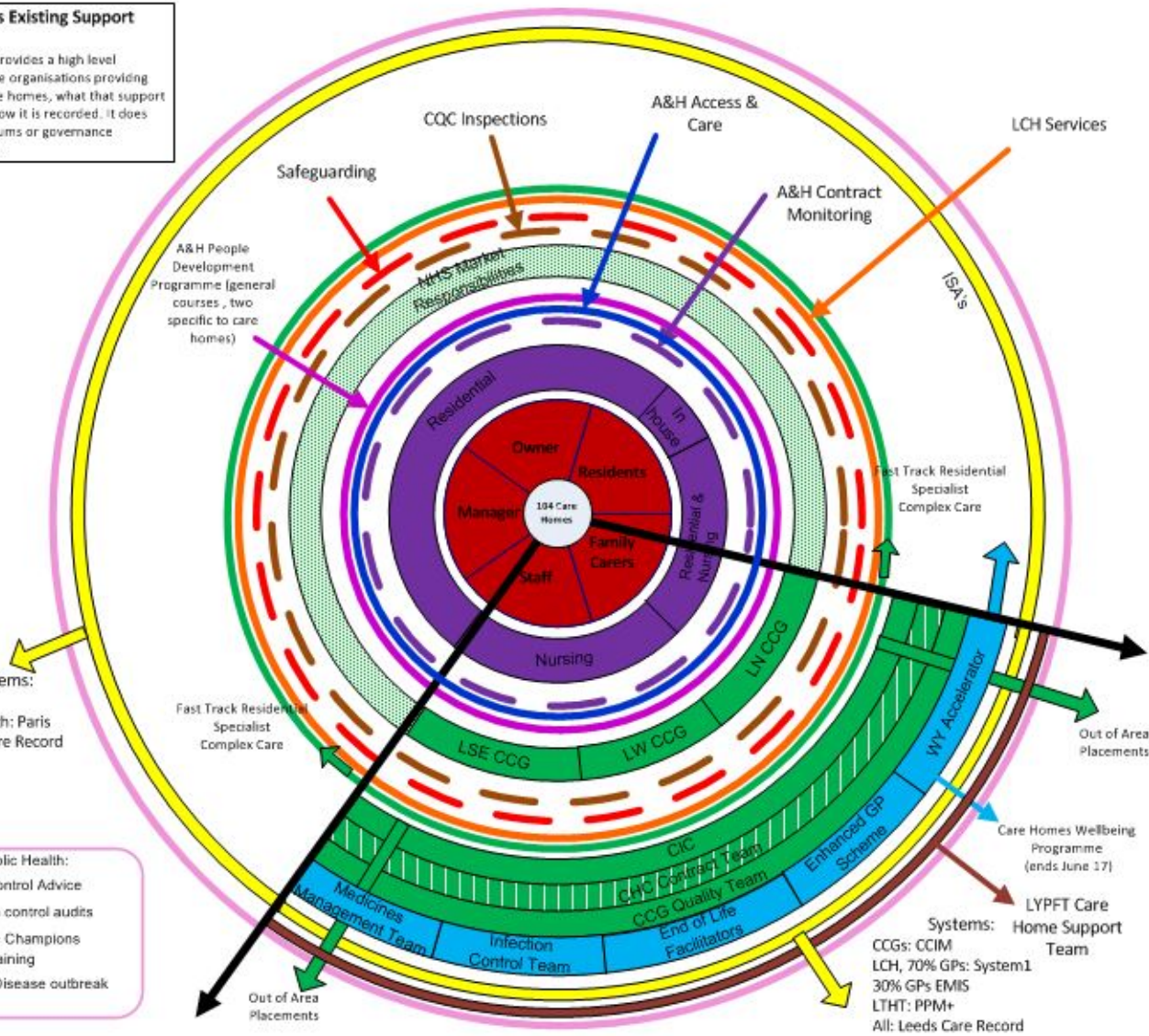
6. Provide Information Sharing and Access, and a link point for care homes to all other organisations.

Many companies offer training and e-learning courses but some are much better than others, especially in relation to dementia care and complex needs. Often schemes are only available in certain areas of the city, or just to nursing homes; when it might be really beneficial to a particular residential care home's needs. Knowledge and access to support resources vary between care homes. The Care Quality Team will keep homes informed about what resources exist, supporting them to identify and access what would best meet each home's particular needs.

7. Deliver Safeguarding Advice and Training

At present there are an overwhelming number of safeguarding alerts triggered by existing thresholds and pathways. The Organisational Development & Care Officer role will act as a link with safeguarding colleagues to support care homes in relation to safeguarding training, thresholds and reporting routes.

Care Homes Existing Support Model
 This diagram provides a high level overview of the organisations providing support to care homes, what that support involves and how it is recorded. It does not include forums or governance arrangements.



- LCH Services:**
- Neighbourhood Teams
 - CVAs
 - Wound Prevention & Management
 - CUCs
 - Community Geriatricians
 - Cardiac Services
 - Diabetes Services
 - Respiratory Services
 - Adult Nutrition & Dietetic Services
 - Joint Care Management
 - Adult Learning Disability Speech and Language Therapy Service
 - Falls Service
 - End of Life Facilitators
 - Neurological Rehabilitation Service

- CCIM data records:**
- CQUIN compliance
 - Falls
 - Pressure ulcers
 - Catheter Acquired UTIs
 - Safeguarding referrals (from care managers only)
 - CQC inspections
 - Results from contract monitoring visits and CHC Quality Assurance forms
 - Feedback from partner teams incl. A&H Contracts

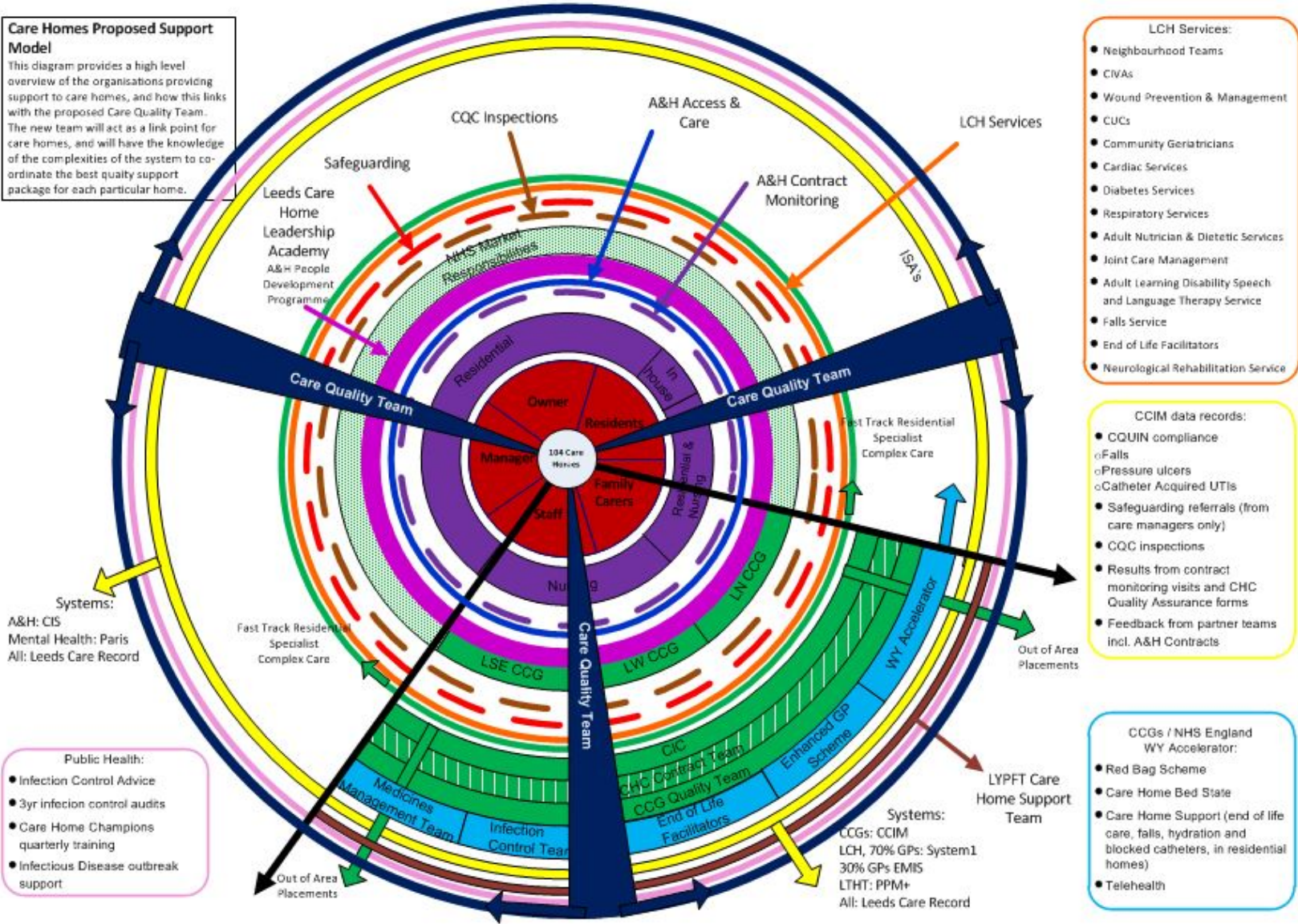
- CCGs / NHS England WY Accelerator:**
- Red Bag Scheme
 - Care Home Bed State
 - Care Home Support (end of life care, falls, hydration and blocked catheters, in residential homes)
 - Telehealth

- Public Health:**
- Infection Control Advice
 - 3yr infection control audits
 - Care Home Champions quarterly training
 - Infectious Disease outbreak support

Systems:
 A&H: CIS
 Mental Health: Paris
 All: Leeds Care Record

Systems:
 CCGs: CCIM
 LCH, 70% GPs: System1
 30% GPs: EMIS
 LTHT: PPM+
 All: Leeds Care Record

Care Homes Proposed Support Model
 This diagram provides a high level overview of the organisations providing support to care homes, and how this links with the proposed Care Quality Team. The new team will act as a link point for care homes, and will have the knowledge of the complexities of the system to co-ordinate the best quality support package for each particular home.



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 Mental Health: Paris
 All: Leeds Care Record

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