

Appendix 1.

Leeds Adults and Health Directorate Quality Account for Regulated Care Services 2018

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Section 1

Our Goal is:

To ensure that all citizens of Leeds who require a regulated care service have access to a diverse range of high quality services and have a good experience of the services they receive.

Introduction

The Care Act 2014 places a duty on local authorities to shape a diverse and sustainable regulated care market. 'Regulated care' refers to care services monitored and inspected by the Care Quality Commission (CQC) which for Adult care services means: care homes - both residential care and nursing care, home care, shared lives as well as extra care housing and supported living services.

This duty requires councils to ensure there are enough high quality providers and a diverse range of services for people so that they are able to make an informed choice of care provider from within their local area.

A similar duty to ensure that safe care services are available, though from different legislation, exists for our NHS Clinical Commissioning Group. The two duties overlap and we work very closely with NHS Leeds Clinical Commissioning Group (CCG) colleagues to ensure there is continuous quality improvement of services. One of the ways we do this is through joint quality monitoring and audits including undertaking joint monitoring visits.

In the foreword to the "The state of health care and adult social care in England 2017/18" the Care Quality Commission states:

'Resilience is evidenced by the fact that our ratings show that quality overall has been largely maintained, and in some cases improved, from last year. This is despite continuing challenges around demand and funding, coupled with significant workforce pressures as all sectors struggle to recruit and retain staff. The efforts of staff and leaders ensure that people continue to receive good safe care, despite these pressures, must be recognised and applauded.'

The consistent message in this account is that Leeds is one of those areas referred to where the quality of care has continually improved despite various challenges.

This Quality Account references the CQC data from their 'State of Care' report 2017/18 for England, the CQC "Leeds Local Area Profile", and the monthly data published on the CQC website <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>, all of which are freely available and are in the public domain.

The account sets out the quality of care in Leeds as measured by CQC overall judgments for regulated care. These can be Outstanding, Good, Requires Improvement and Inadequate, all based on the CQC fundamental standards. This report then makes a comparison of the quality of Leeds services against national figures, and then considers the quality of services commissioned by Leeds City Council Adults and Health. The duty to ensure a diverse and high quality market is not limited to services we commission but covers all services within Leeds.

It is worth noting at this point, that the CQC data does not break services down by age or service user types- the way Adults and Health categorise services. This means that CQC comparison data for Local authorities outside Leeds includes all service types i.e. data for care homes will include data for care homes for older people, people with a learning disability,

mental health and physical/sensory impairment residential homes, the same is true for domiciliary care.

Also the data is a snap shot at a given time when CQC data is published usually the first week of that Month.

Section 2

All Regulated Care Services in the City

(This includes all adult social care registered provision including Care Homes and Domiciliary Care including working age adults, Physical Disability, older people etc.)

Leeds has 269 (1st November 2018) active social care locations for services delivered for older people and working age adults, registered with the CQC. From the 269 locations, 270 services are provided (the discrepancy comes from where a domiciliary care service being run from a Care Home which is dual registered). Of these 270 services;

- 117 provide a domiciliary care service
- 104 provide a care home without nursing (including working age adults etc.)
- 49 provide a care home with nursing (including those for working age adults etc.)

233 of the 269 social care locations have been inspected by the CQC and had a current report published on the CQC web site.

Those not inspected are services that are either newly registered or have changed provider, for example, from one major national provider to another but have not yet been inspected under the new provider.

The data sets are from the previous Quality Account 2017 and this account based on data completed in November 2018.

Comparators with other authorities run from April to April, to allow year on year trend analysis.

2.1 Overall CQC ratings for Adult Social Care Locations in the 2017 Quality Account compared with the position on 1st November 2018 for Leeds.

These figures show a strong movement towards improving quality.

CQC Rating	Quality Account 2017	Quality Account 2018	Change Numbers
Outstanding	0	2 (1%)	↑2
Good	138 (67%)	180 (77%)	↑42
Requires Improvement	64 (31.2%)	48 (20.6%)	↓16
Inadequate	3	3	↔ 0 (Note these are not the same 3 locations)
Total	205*	233*	↑28

The same information from England (CQC does not regulate Scotland, Wales or Northern Ireland).

Once again a definite move toward improving quality can be seen.

CQC Rating	Quality Account 2017	Quality Account 2018	Change Number
Outstanding	353	658 (3%)	↑305
Good	16351 (77.4%)	17839 (79.9%)	↑1479
Requires Improvement	4073(19%)	3542 (16%)	↓531
Inadequate	343	284	↓59
	21120	22323	

** In 2017 there were 63 locations not yet rated. On November 1st 2018 36 locations had not been CQC rated*

From the above data we can see that the overall trend is one of improving quality in Leeds. Previously Leeds had fallen below the national average figure for care homes rated Good, 67% as opposed to nationally 77.4%. From the data it is clear that the work being carried out by Leeds City Council and Clinical Commissioning Group together with providers is enabling care services to improve.

We now have 2 locations that have been rated as Outstanding, one in older people's residential care and one in working age adult's residential care. A further 42 locations are rated Good whilst there has been a reduction of 16 locations rated as Requires Improvement.

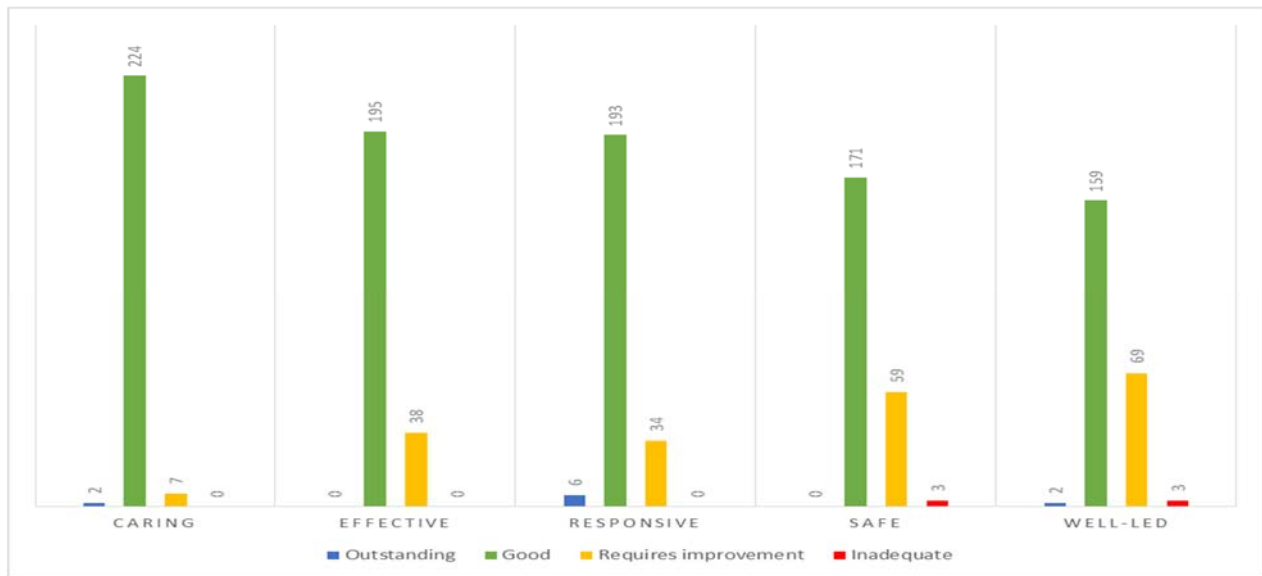
Leeds has improved its position across all social care services from being 10.4% below the national data in 2017 to 2.9% in 2018.

Looking at this against the national data it can be seen that Leeds has made more rapid progress than nationally in moving services from Requires Improvements to Good and even statistically in services being rated Outstanding.

2.2 CQC key lines of enquiry rating by individual category, for the 233 Leeds Adult Social Care locations inspected up to November 2018.

This improvement in quality is again indicated if we take a more detailed overall look at Leeds.

CQC inspects against the 5 Key Lines of Enquiry (KLOEs), Safe, Caring, Responsive, Effective and Well Led, awarding a rating of Outstanding, Good, Requires Improvement or Inadequate, in each of those domains. This information is then aggregated into an overall judgment of Outstanding, Good, Requires Improvement or Inadequate. This aggregation can mean that for example a Good overall rating may include 3 Good and 2 Requires Improvement ratings.



As can be seen 226 of the 233 services are rated good or better in Caring however this drops 171 and 121 for Safe and Well Led indicating that Safe and to a lesser extent Well Led are key areas to target to improve the overall quality rating of a service.

CQC in its State of Care report 2017/18 found that for the UK as a whole;

‘Staff continued to care well for people, with 91% of services rated as good (Leeds is above this at 96%) and 4% rated as outstanding for the caring key question. By contrast, 2% of services were rated as inadequate (Leeds is 1.2%) and 21% as requires improvement (Leeds is 27%) in Well Led.’

The KLOE profile for Leeds regulated services is provided in the table below

	Outstanding	Good	% Good	Requires Improvement	Inadequate	Grand total
Caring	2	224	96.1%	7	0	233
Effective	0	195	83.7%	38	0	233
Responsive	6	193	82.8%	34	0	233
Safe	0	171	73.4%	59	3	233
Well-led	2	159	68.2%	69	3	233
Total	10	942		207	6	1165

Overall Leeds does well looking at individual KLOEs especially in the domains of Caring, Effective and Responsive. It is in Safe and Well-led domains that the quality is considered to require improvements. This is a trend nationally. Most judgments of Requires Improvement overall are made up of Requires Improvement in safe and well led with the other three KLOEs being good.

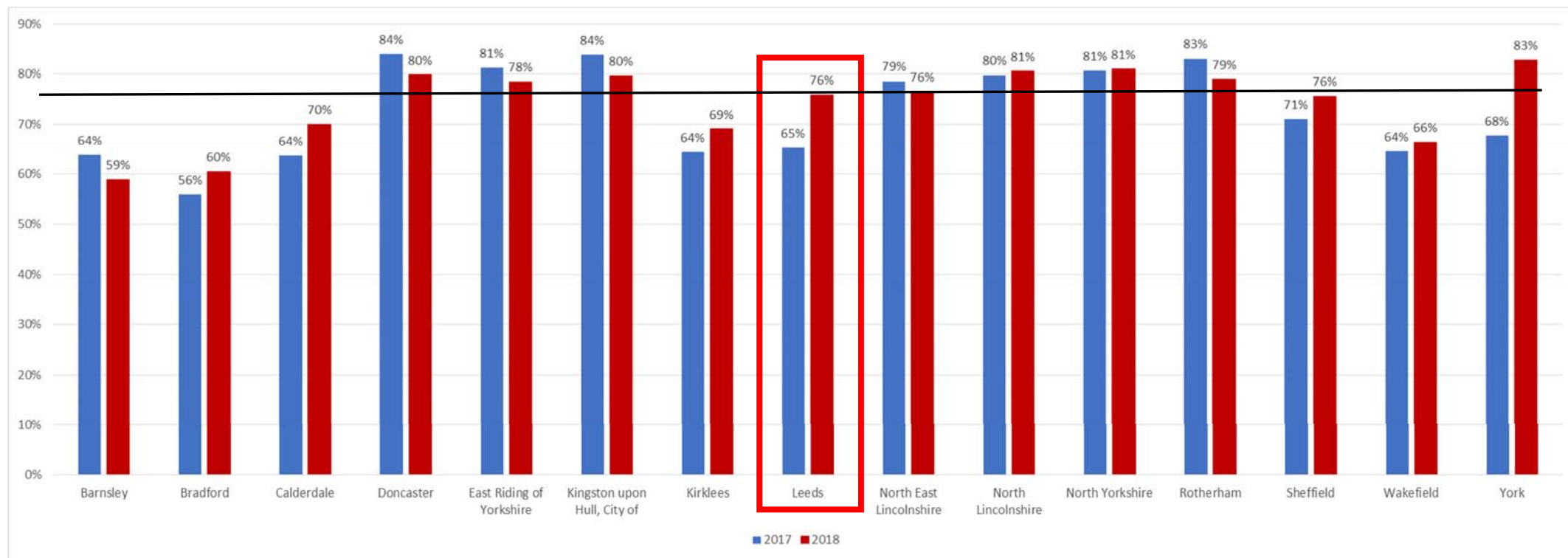
The high score in Caring is important in that it reflects the service users, families and other professional’s experience of the quality of care. Most of the information this KLOE is based upon is from feedback from questionnaires, Healthwatch reports and feedback from professionals, as well as direct observations from inspectors during the visit of the care being provided. We can see that the care in Leeds is perceived as being good 96.1% against an England figure of 91%.

At the other end of the continuum as mentioned is Safe and Well Led generally reflecting concerns relating to the administration and/or management of medication, record keeping, documentation, audits of risk assessments etc. Again, there is the position nationally and is an area that we are working on with providers, the support of our CCG colleagues.

Section 3

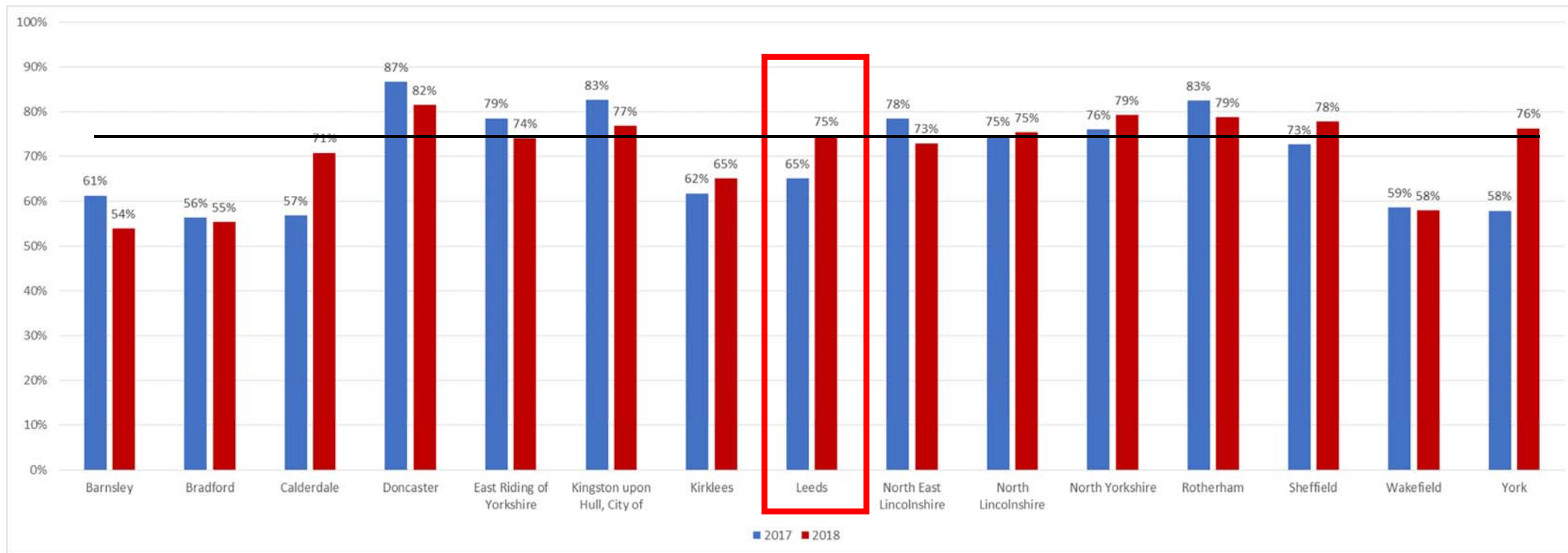
Comparison with other local authorities and the changes in rating April 2017 to April 2018

3.1 Comparison of all adult social care services



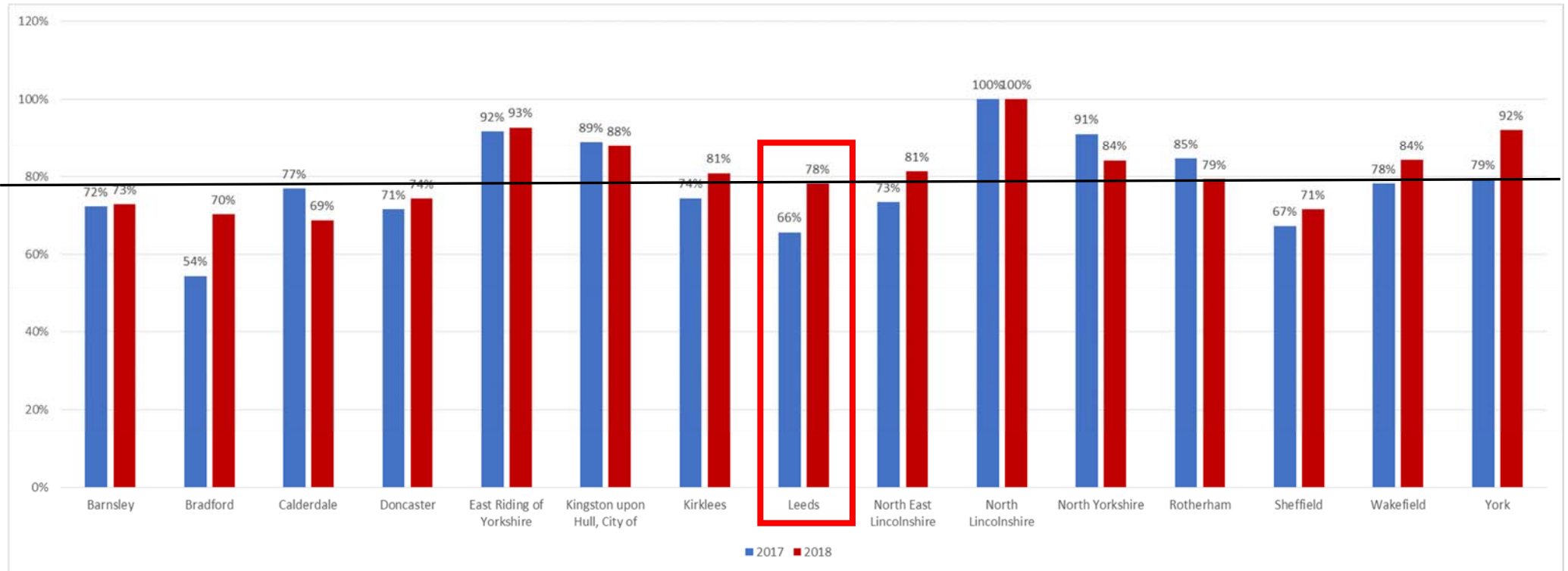
Overall Leeds was 8th in this comparator grouping with Leeds demonstrating one of the highest degrees of improvement year on year, only York has improved more.

3.2 The % of all Care Homes (including working age adults, older people, residential and nursing, etc.) in each authority rated as good:



In this case Leeds is joint 7th in the comparator group of Yorkshire and Humber, but once again Leeds demonstrates a high level of improvement York and Calderdale having improved more.

3.3 All Regulated Domiciliary (Home) care providers :



***These figures are not directly comparable to other figures for home care in this report due to changes in the way CQC provides data.**

The ratings for home care services remains mid-range compared with other local authority areas in the region. However, it can be seen that Leeds has seen one of the highest degrees of improvement 13%, similar to York and slightly behind Bradford. The consistent theme across all comparators is that Leeds has improved the quality of services to a greater degree and level of consistency than comparators.

Overall these comparator graphs show that Leeds is maintaining a strong emphasis on improving the quality of services and though there is still some way to go, Leeds does have the ability and drive to improve the quality of regulated care services. It is difficult to draw out more information due the variation in numerous factors, the size and nature of the local populations, numbers of care homes etc.

Section 4

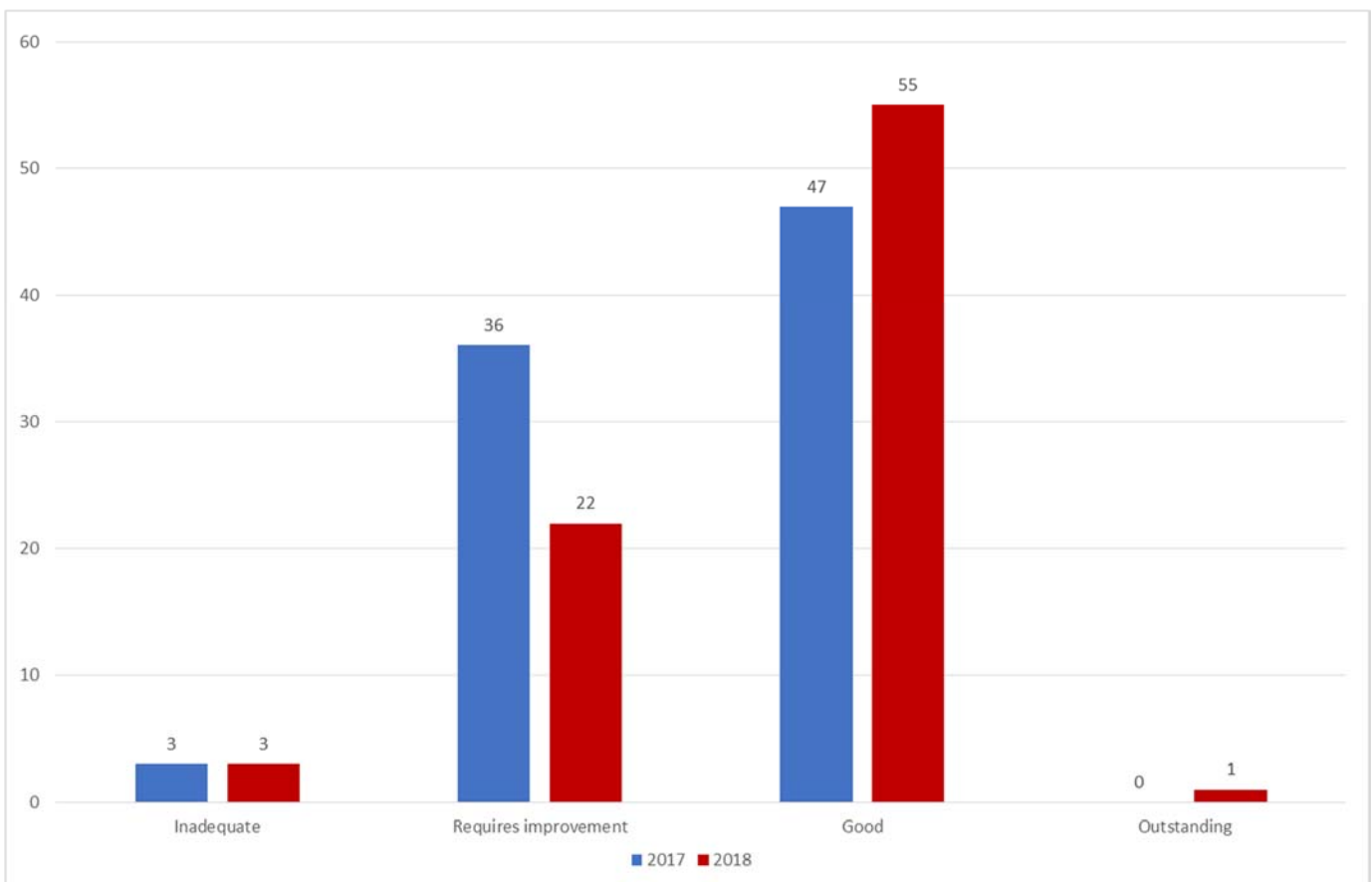
Services in Leeds

Care Homes for Older People:

In September 2018 there were 88 care homes for older people in the independent sector with whom the Council had a Framework Agreement. The number has reduced to 81 following the ward of the new care home Framework arrangements. There are 50 care homes providing residential care and 38 providing nursing care.

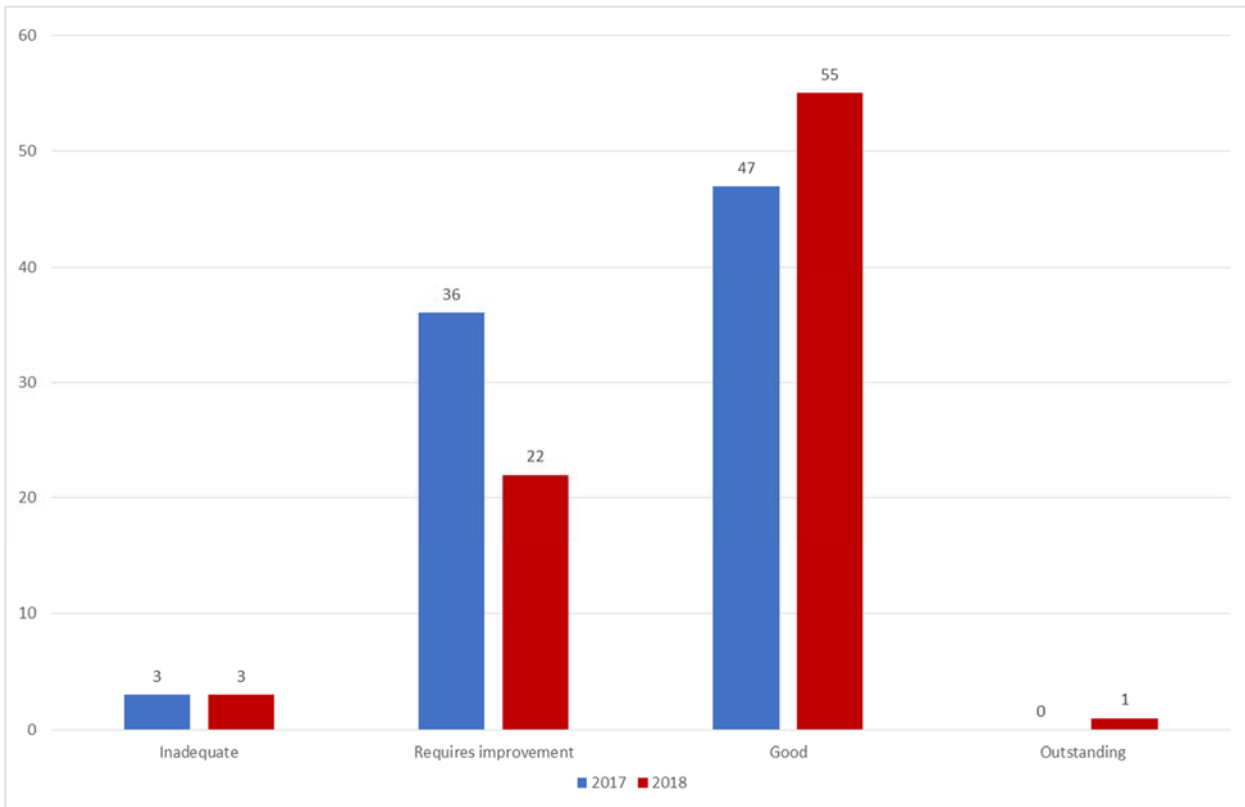
NOTE the following data relates to the 88 care homes that we contracted with on 1 September 2018. It does not include the Council's own care homes

4.1 All older people's care homes (residential and nursing) commissioned from the independent sector.

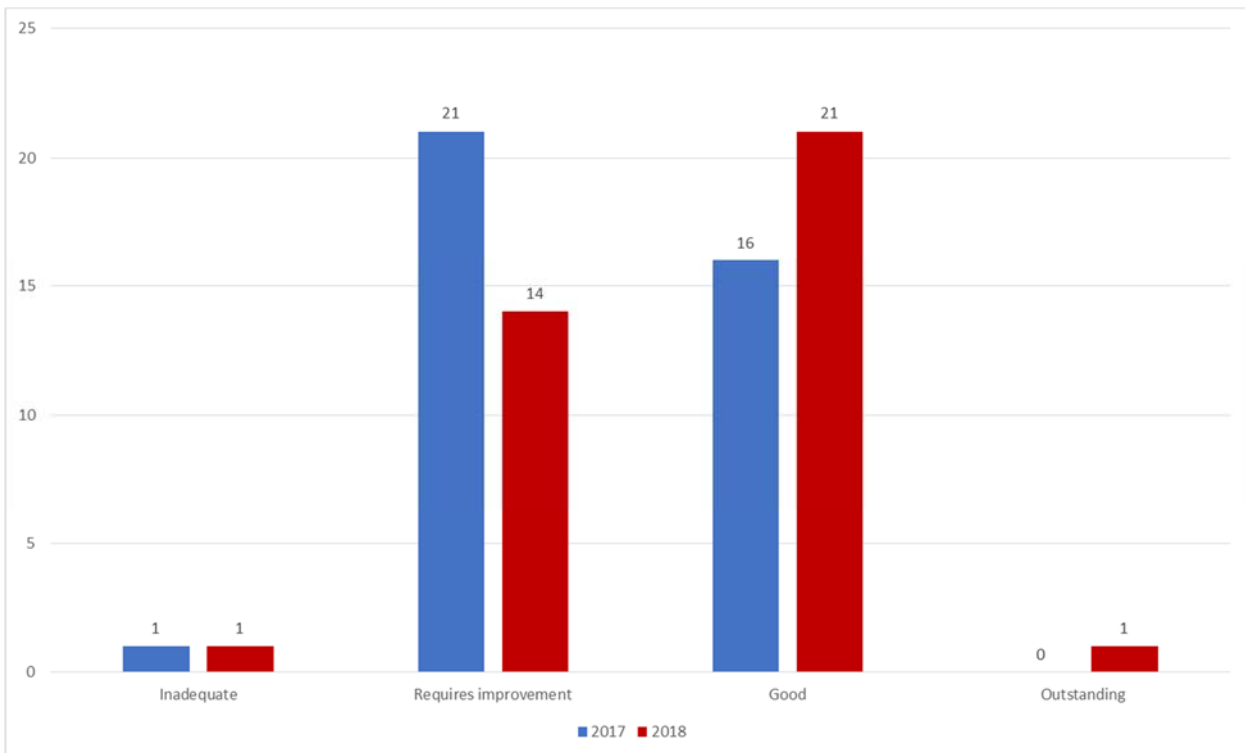


4.2 Split of older people’s residential and older people’s nursing homes

4.2.1 Older people’s commissioned residential homes



4.2.2 Older people’s commissioned nursing homes



It can be seen that across residential and nursing homes, the number of such locations judged as Good has increased. 8 locations that were rated Requires Improvement are now rated Good. This equates to 77% of residential care homes rated Good, with 60% nursing homes rated Good or above.

Nationally, the CQC in its State of Care report showed that 3% of nursing homes are rated Outstanding, 69% rated Good and 3% rated Inadequate. This variation has persisted, although there has been some improvement in nursing home ratings since last year.

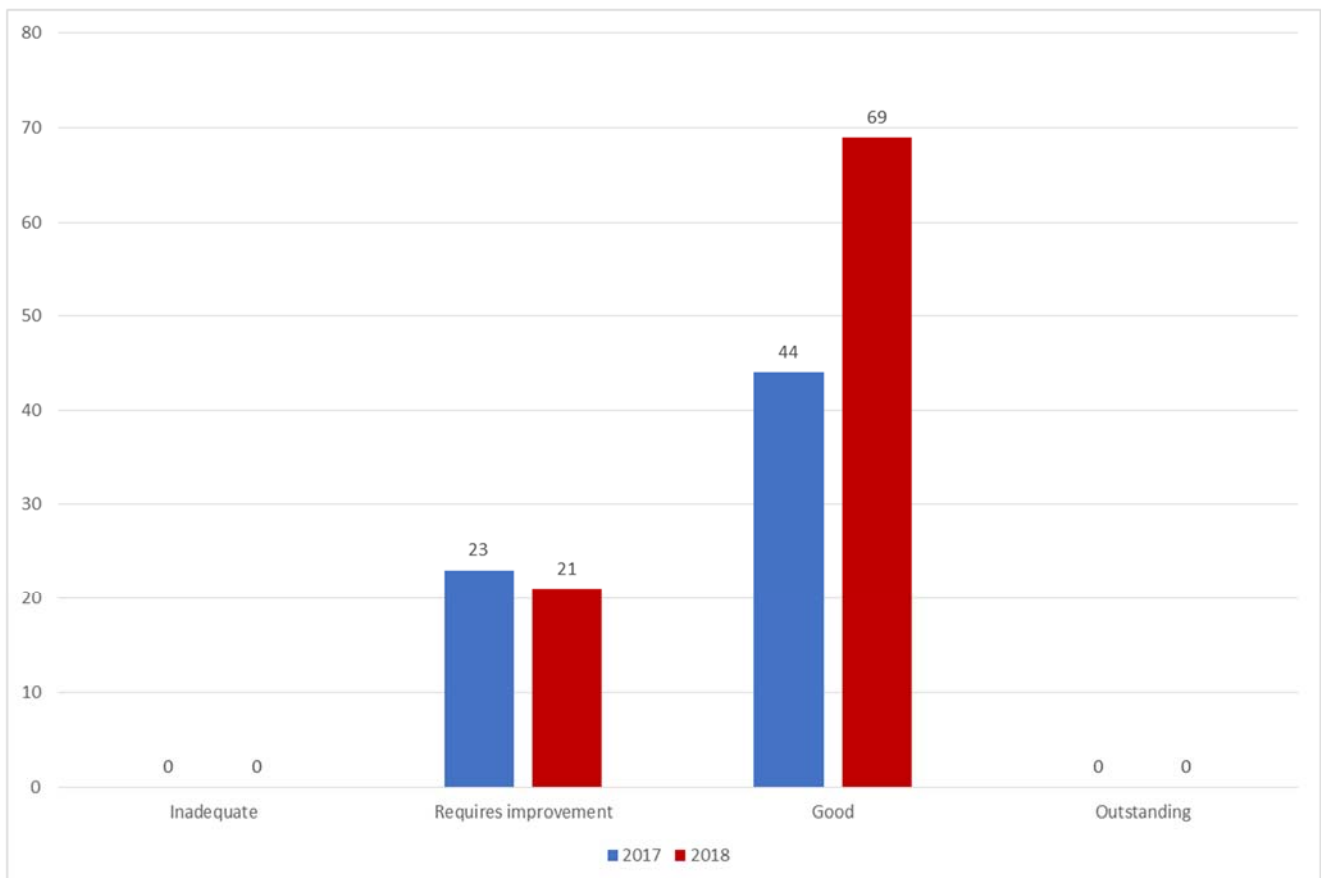
This again indicates that what Leeds is doing to improve quality is working well. The work of LCC and CCG together has increased the number of services rated overall as good. The consistent approach to developing Safe and Well led is key to this work by improving quality in these areas we are directly building on the strength of the other KLOE allowing good overall judgements.

Section 5

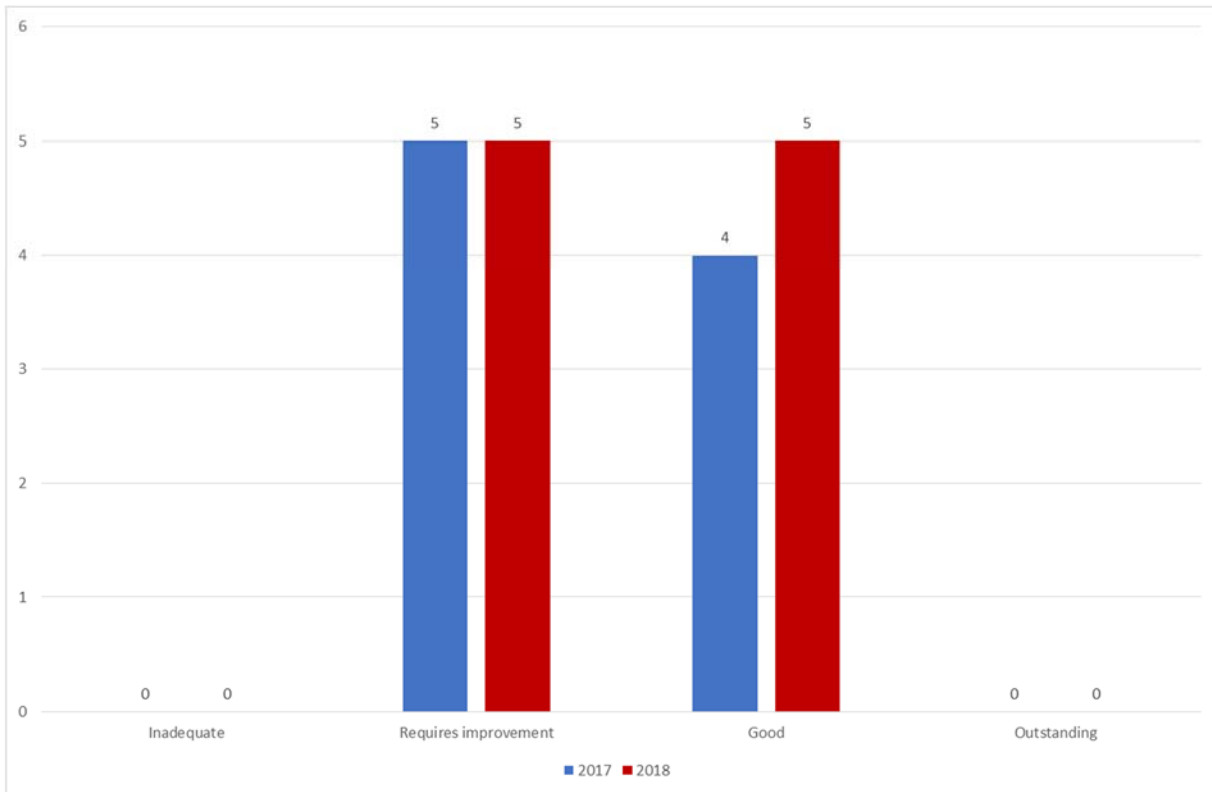
Domiciliary Care Services

Adults and Health Directorate awarded a new Community Homecare contract in 2016 which consisted of the city being divided into six geographical areas, with one 'primary provider' covering an area. Four primary providers were awarded a contract to cover these six areas. A further 8 providers were awarded a contract through the Framework Agreement to cover various parts of the city to ensure sufficient coverage across the whole city. However, there are a large number of registered domiciliary care providers, registered with the CQC who deliver some home care services in Leeds.

5.1 All domiciliary care services in Leeds.



5.2 The CQC ratings for those domiciliary care services providers contracted by LCC:



It is important to note that the above data is based on a moment in time and is subject to change on a regular basis as there are changes in ownership and new providers come into the market. Since this data was collated the situation has changed, as of January 2019 there are now 6 providers rated Good, 5 providers rated Requires Improvement and one awaiting inspection.

Again, it is evident that there has been steady improvement in the quality of services with fewer services judged as Requires Improvement and more rated Good by CQC. The issues for home care services are similar to care homes in that Safe and Well led KLOEs are the most likely to be judged to have a lower rating mainly in relation to medications management, auditing and governance.

Similar to the other areas of registered care the domain of 'Caring' shows that people's experience and perception of their care is positive across home care, which is supported by the Healthwatch Enter and View reports.

Section 6

Working Age Adults services

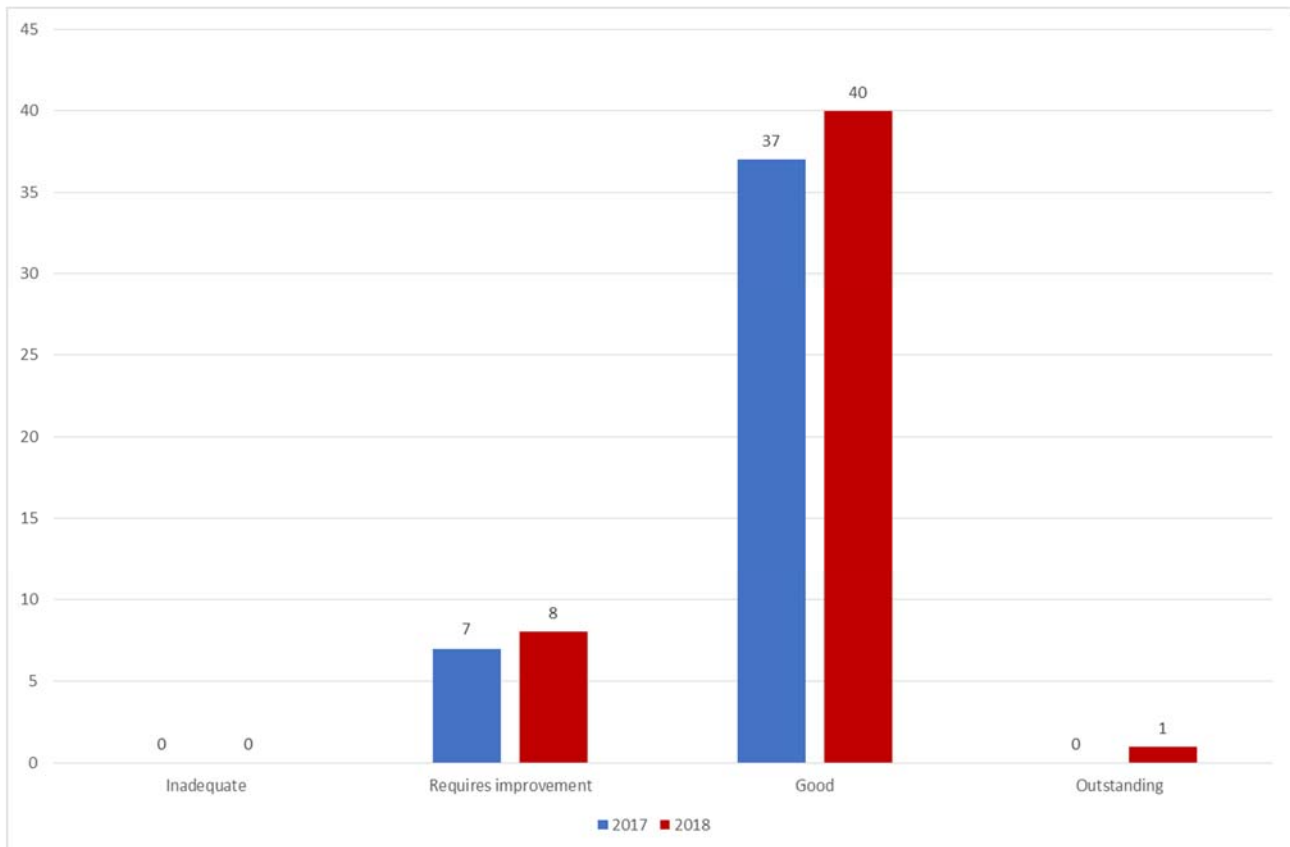
There are currently 49 care homes for working age adults provided by the independent sector in Leeds. There are 38 residential and 11 nursing homes.

Of the 49 care homes, 8 are rated Requires Improvement, 40 are rated Good and 1 is rated Outstanding.

Of these 49 locations

- 4 provide nursing care and 6 provide residential care for people with a physical disability or sensory impairment
- 2 provide nursing care and 32 provide residential care for people with a learning disability
- 5 provide nursing care for people with mental health needs

6.1 All working age adults care homes:

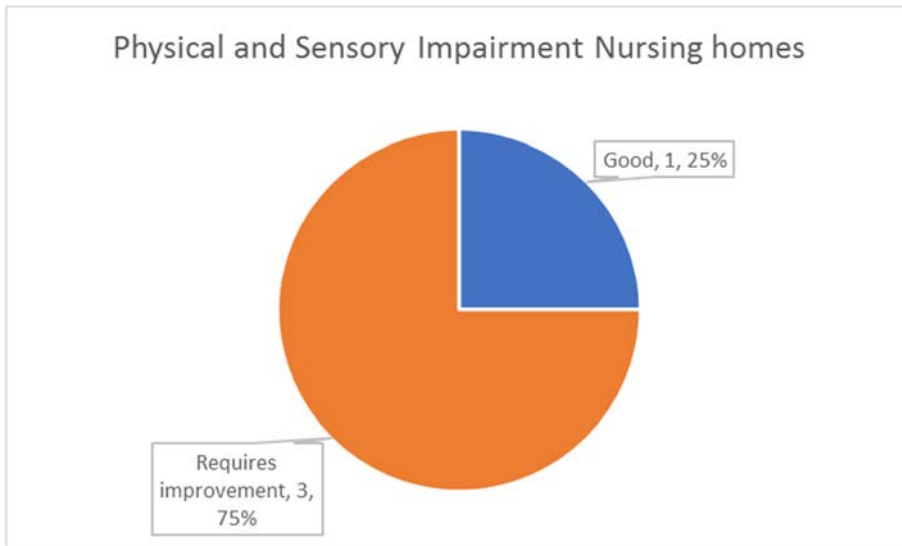


Nursing homes:

Working age adults Nursing Homes fall into the following service user groups

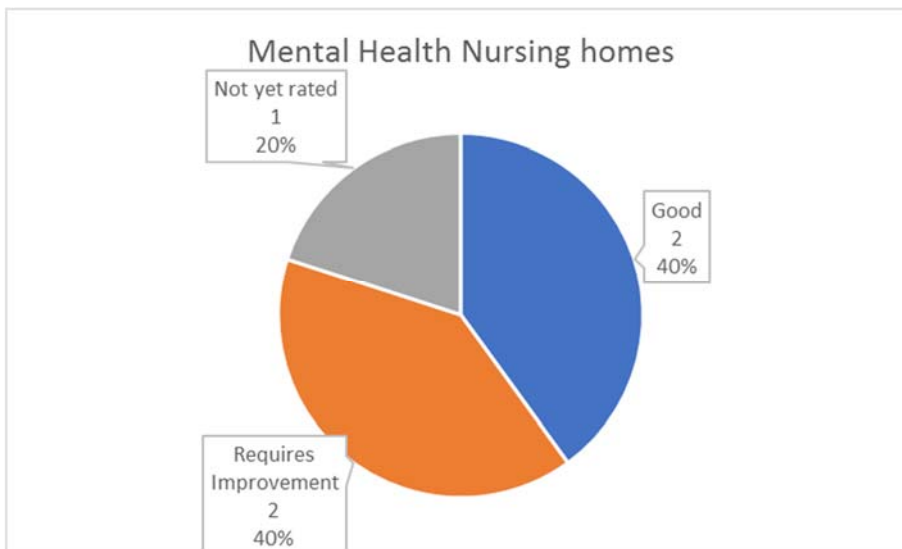
Physical or sensory impairment nursing homes

Of the 4 physical or sensory impairment nursing homes 1 is rated Good, 3 are rated Requires Improvement



Mental health nursing homes

Of the 5 nursing homes for people with mental health needs 2 are rated requires improvement, 1 is not yet rated and 2 are rated good.

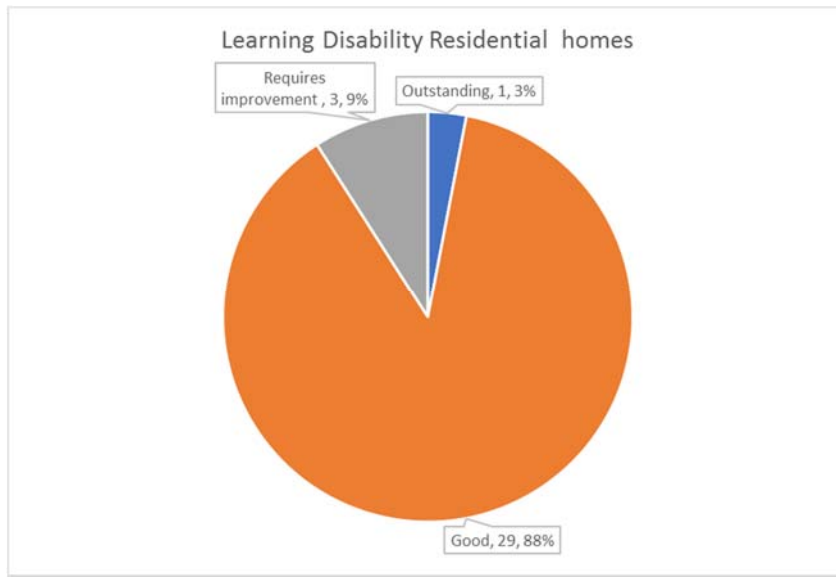


Learning disability nursing homes

Both of the 2 learning disability nursing homes are rated as good.

Residential Homes

- All the 6 physical or sensory impairment residential homes all are rated good.
- Of the 33 learning disability homes, 1 is rated as outstanding, 29 are rated good and 3 are rated as requires improvement.



- There are no Mental Health residential Homes.

Section 7:

Work being undertaken to improve the quality of care for the citizens of Leeds

Organisational development

One of the biggest challenges facing care services is sufficient workforce capacity as well as workforce capabilities. As such, organisation and workforce development support is critical in the work being undertaken to improve the quality of care services.

The Leeds Adult Social Services Workforce Strategy 2018 – 2020 supports regulated social care services across the city. It responds to the Director of Social Services responsibilities for workforce as set out under the Care Act (2014) and the specific challenges facing adult social care services in Leeds.

Through consultation with the sector, feedback from CQC, contracts monitoring and national priorities we have identified four key areas that are helping us meet these challenges. These are:

1. Leadership & Management

- To co-produce and deliver a centre of excellence for leadership and management to further strengthen leadership and management across the sector
- To support talent management and succession planning for staff
- To strengthen complaints management skills and knowledge

- To work with partners to further develop systems leadership across the health and social care system
- To develop core training in equality and diversity issues

2. Re-model the workforce

- Joint work to further develop an Asset-Based Community Development approach
- Work within communities to develop new roles to meet the needs of people who access care and support services
- Work with our partners to develop and embed a 'one workforce' approach

3. Recruitment, retention and career development

- Work within communities to support social mobility and a move into careers in social care.
- Work with schools, colleges and employment agencies to ensure that the image and profile of social care work is promoted and that social care becomes a career choice
- Work with employers to introduce and embed values-based recruitment as the chosen method for recruiting staff
- Focus on apprenticeships to develop workers for new roles

4. Workforce development, regulation and registration

- Develop and deliver a workforce learning development plan to meet the diverse needs of the social care workforce of Leeds including regulation and registration requirements.
- Work with the Leeds and Wakefield Social Work Teaching Partnership to strengthen and future proof social work training, development and continuing professional development.

Targeted work is underway in specific areas of service as detailed below.

1) Older people's care home provision

The commissioning team, in partnership with the CCG contract compliance team, have continued their work of monitoring and supporting care homes to maintain and where appropriate enhance quality. This has been achieved by providing advice and guidance around a wide range of contract compliance supported by the expertise of our health colleagues.

A major change since the last Quality Account has been the establishment of the Care Quality Team. The team consist of a team manager, 3 care quality officers and a single administration support post. The team is directly working with over 20 care homes across Leeds as well as the more generic work detailed below.

The team is developing its role as a support advice and guidance hub linking closely with health colleagues from the CCG and with the major health partners including Leeds Community Healthcare, Leeds Teaching Hospitals Trust and Leeds and York Partnership Foundation Trust to form an enhanced support network for care homes and home care providers. This integrated approach provides a much wider range of easily accessible support, in the form of advice and guidance in the role of critical friend.

Much of this joint work with health colleagues has been undertaken in areas such as medicines management, infection control, auditing and governance.

Excellent links with Public Health colleagues have been developed to support areas such as links into wellbeing and falls management all of which impact on the Safe and Well Led CQC, Key Lines of Enquiry, which require the most improvement as indicated above.

Another key area of development work is in supporting Wellbeing Activity Co-ordinators in the care homes. A peer support group has been set up to facilitate exchange of ideas and contact details as well as forming bridges between activity co-coordinators and information from Occupational Therapists, Public Health, Yorkshire Dance and individuals who wish to provide volunteer support.

A similar approach is being developed around supporting improvement in dementia care with peer support and expertise based on the Bradford University Dementia Mapping protocols, allied to overarching wellbeing support with health colleagues. This work covers the full continuum of dementia up to individuals experiencing high degrees of anxiety and confusion and supporting care homes to develop multi-disciplinary care plans to manage challenging behaviour related to dementia.

This work links with the Leeds and York Partnership Foundation Trust's Enhanced Care Homes Liaison Team, enabling better transfers between care locations, and helping to maintain individuals in their homes. This work increases the care homes' ability to support and provide care for individuals who may be exhibiting anxiety and confusion following a transfer of care as well as supporting care homes to spot deterioration early allowing effective primary care interventions, avoiding the escalation of difficult behaviours and preventing avoidable hospital admissions.

In partnership with the Care Quality Team, the CCG is heavily engaged in supporting care homes not only to enhance the quality of nursing care in nursing homes but also in a range of initiatives across all care homes such as the Red Bags initiative to improve transition between care settings, and supporting the use tele-medicine to reduce avoidable admissions into care homes. One area of joint work including NHS England and NHS Improvement links to the early detection of deterioration by developing the impact of safety huddles. The Care Quality Team is also supporting delivery of training and the sustainability plan for NHS React to Red jointly with CCG colleagues to support care home staff.

The team is providing a communication pathway between Public Health colleagues and the care homes for example in distributing information re Flu, infection control training, palliative care support etc.

Another area of development is in the relationship with Healthwatch who have undertaken a number of Enter and View visits to corroborate the improvement in care home. Their reports on care homes in Leeds can be found at <https://healthwatchleeds.co.uk/our-work/> . They are primarily involved with service users, carers and to ascertain their views about the services they receive.

This is in addition to the team's primary role of acting as a critical friend providing advice and guidance directly to care homes to improve the quality of care for individuals. As of November 2018 the team has been providing intensive support to about 17 homes in Leeds. This work assists homes that have a CQC rating of Inadequate or Requires Improvement to develop the capacity to make changes and to sustain improvement's once the Quality Team has ceased its support. The team also works with some care homes rated Good where the home manager has sought advice where they have had concerns about aspects of their services. The team has also undertaken a number of pre CQC visits to check the homes' readiness for a CQC inspection.

The team is continually looking for new ways to help services to improve and to develop such as the development of a website to act as a central point of contact for health social care, development of self-assessment templates to support CQC compliance and general distribution of information on best practice.

2) Older peoples domiciliary care:

The work being carried out by the Organisational Development team and the training is equally available to all domiciliary care providers including these we do not directly contract with or purchase from. Providers are taking advantage of the Leadership Academy to support their managers with a number of the managers having enrolled on various courses.

In a similar way to older peoples care homes, the development of joint working with CCG and Public Health colleagues has assisted in the development and improvement of quality. This includes promoting and ensuring good take up of flu vaccinations, and work with home care providers around infection control training for staff, both of which have proven particularly successful.

Commissioning staff continue to work directly with identified providers to enhance standards of quality across all areas of their work. This involves regular support to implement development plans following contract monitoring visits and quality audits.

Once again there is a strong working relationship with Healthwatch Leeds whose staff are involved in monitoring the quality of domiciliary care services and who provide an annual report that informs the work of quality improvement. This is to become a regular process along with the Adults and Health directorate's monitoring activities to enable monitoring of people's direct experiences of the quality of the care being provided.

Proactive monitoring is now underway to ensure that home care providers are complying with the Ethical Care Charter which in part relates to the terms and conditions and pay rates of care staff but which also focusses on service users' and carers' experiences of the services that they receive.

Work is being undertaken to enhance the support to providers during periods of potential disruption including adverse weather or various Leeds-wide sporting events. This is via the development of contingency planning with providers, as well as communication and support networks to help providers to improve their preparedness and prevent disruption during planned events such as the triathlons and unplanned occurrences such as bad weather.

3) Working age adults:

An area of good practice is the monitoring of Learning Disability (LD) provision by trained volunteer service users and carers, overseen by commissioning colleagues, called the Good Life Lives Leaders Scheme. This is a co-produced scheme where service users and carers, undergo training with Adults and Health followed by a graduation ceremony. Once trained, the Good Lives Leaders visit accommodation-based services and meet the individuals who live there. The Good Lives Leaders write a report following the visit sharing their views on what they thought was working well and ask further questions about areas there feel further improvement could be made in the quality of LD services and support developments in quality. The scheme positively contributes to both the quality and resilience of the market by enabling

providers' developments to be informed by experts by experience. The scheme has been widely recognised as an exemplar of good practice. In 2016 the Good Lives Leaders scheme was bolstered by further recruitment in April and the team have now visited 11 providers who provide some 37 services. This means that the team are now in the position to begin their second round of visits and will be asking providers to evidence the progress made against the actions the providers outlined they were going to implement after the initial visits.

Section 8

Conclusion

The Care Quality Commission in its State of Care report 2017/18 noted that across England the quality of care had been largely maintained, and in some cases had improved. This is against a background of challenges in both funding and in the recruitment and retention of staff.

CQC regional and local data shows that the quality of care services in Leeds has gradually continued to improve. One of the key contributory factors has been the additional investment made by the Council, targeting support to care providers where quality concerns were previously identified. This has included the establishment of the Care Quality Team and the enhanced training and leadership development available to care workers and care managers within externally commissioned regulated care.

Improvements in quality have also been supported by continuing integration between health and social care, which has made it easier for providers to the wide range of training, expertise, knowledge and skills needed to support improving the quality of their services. This is especially evident in work around discharges to care homes, tele-health, infection control and medication management and administration.

Providers from across Leeds have reported that the enhanced training offer and the direct support provided to them have helped to deliver sustainable improvements.

The Quality Account shows that there has been a gradual and consistent improvement in the quality of services. This has been due to the combination of increased investment to support regulated care services to improve and to sustain improvement, and further development of strong partnerships with NHS commissioners and providers, and with care providers themselves, with a commitment to improving the quality of care services in Leeds.