



Report of the Director of Adults and Health

Report to Scrutiny Board Adults, Health & Active Lifestyles

Date: 25th June 2019

Subject: Care Quality Commission (CQC) – Adult Social Care Providers Inspection Outcomes February 2019 to April 2019

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: 10.4(3) Appendix number: 2	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

1 Purpose of this report

- 1.1 The purpose of this report is to provide members of the Scrutiny Board with details of recently reported Care Quality Commission inspection outcomes for social care providers across Leeds and to provide general information on the CQC ratings for providers in the city.

2 Background

- 2.1 Established in 2009, the Care Quality Commission (CQC) regulates all health and social care services in England and ensures the quality and safety of care in hospitals, dentists, ambulances, and care homes, and the care given in people's own homes. The CQC routinely inspects health and social care service providers: publishing its inspection reports, findings and judgments.
- 2.2 To help ensure the Scrutiny Board maintains a focus on the quality of social care services across the City, the purpose of this report is provide an overview of recently reported CQC inspection outcomes for social care providers across Leeds.
- 2.3 A system of routinely presenting and reporting CQC inspection outcomes to the Scrutiny Board has now been established. The processes involved continues to be developed and refined in order to help the Scrutiny Board maintain an overview of quality across local social care service providers.

2.4 This report covers Adult Social Care providers, with a separate report being produced for regulated health care services. The report now outlines further detail on the CQC reports to include the overall outcome of each of the inspected services across all the five CQC domains of:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

3 Summary of main issues

CQC Inspection reports

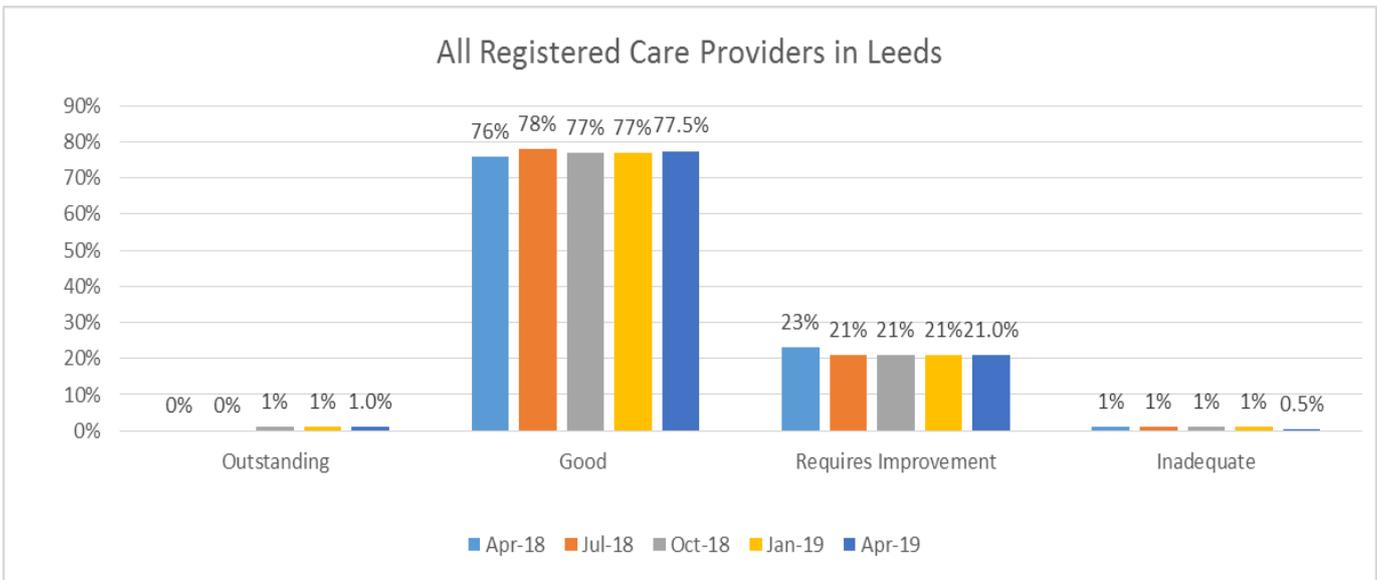
3.1 Appendix 1 provides a summary of the inspection outcomes for adult care services across Leeds published between February 2019 and April 2019.

3.2 It should be noted that the purpose of this report is only to provide a summary of inspection outcomes across health and social care providers in Leeds. As such, full inspection reports are not routinely provided as part of this report. However, these are available from the CQC website. Links to individual inspection reports are highlighted in Appendix 1.

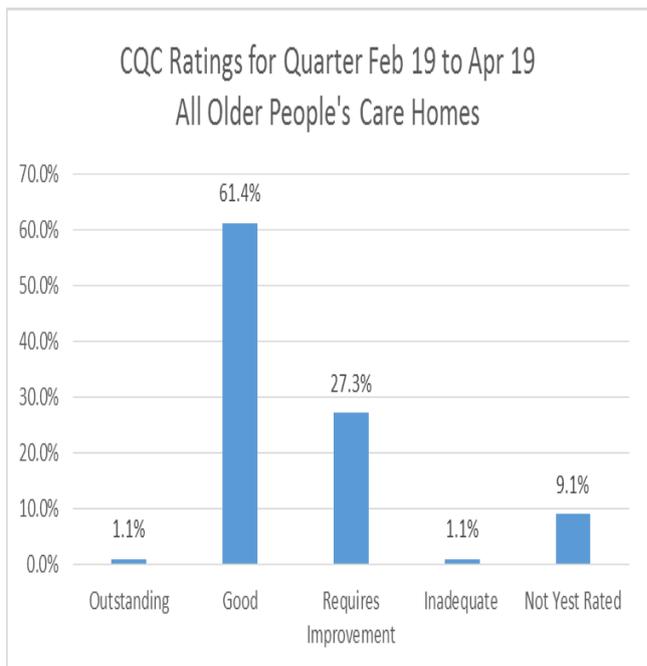
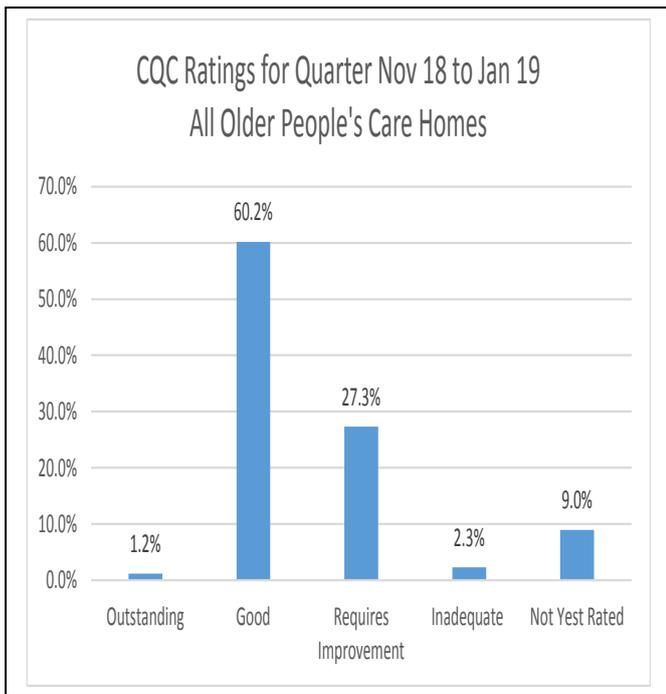
3.3 During the period covered by this report CQC published 24 inspections. Of these services:

- 15 are rated Good.
- 8 are rated as Requires Improvement.
- 1 was rated as Inadequate.
- 6 organisations have improved their rating since their last inspection, 5 moving from Requires Improvement to Good (and all 5 receiving a Good rating in all 5 inspection domains) and one moving from Inadequate to Requires Improvement.
- 8 organisations have remained at the same rating since their last inspection with 6 receiving a Good rating and 2 receiving Requires Improvement.
- 4 organisations have received a poorer rating, 3 moving from Good to Requires Improvement and 1 from Requires Improvement to Inadequate.
- For 6 organisations it is their first inspection.

3.4 The following chart shows the ratings for all adult social care registered services in the city who have been inspected, which includes all care homes and home care organisations, as stated by CQC in their local area profile. The chart shows a very slight increase in the number of providers receiving a good rating and a slight decrease in the number of providers rated as inadequate since the last quarter.



3.6 The following two Charts show a comparison of ratings from the previous quarter for all older people’s care homes:



3.7 The following figures show the ratings for older people’s care homes in the independent sector in the city as at the 30th April 2019:

All Older People’s Care Homes

- 88 independent sector care homes in total
- 1 rated Outstanding – 1.1%
- 54 rated Good – 61.4%
- 24 rated Requires Improvement – 27.3%
- 1 rated Inadequate – 1.1%
- 8 not yet rated – 9.1%

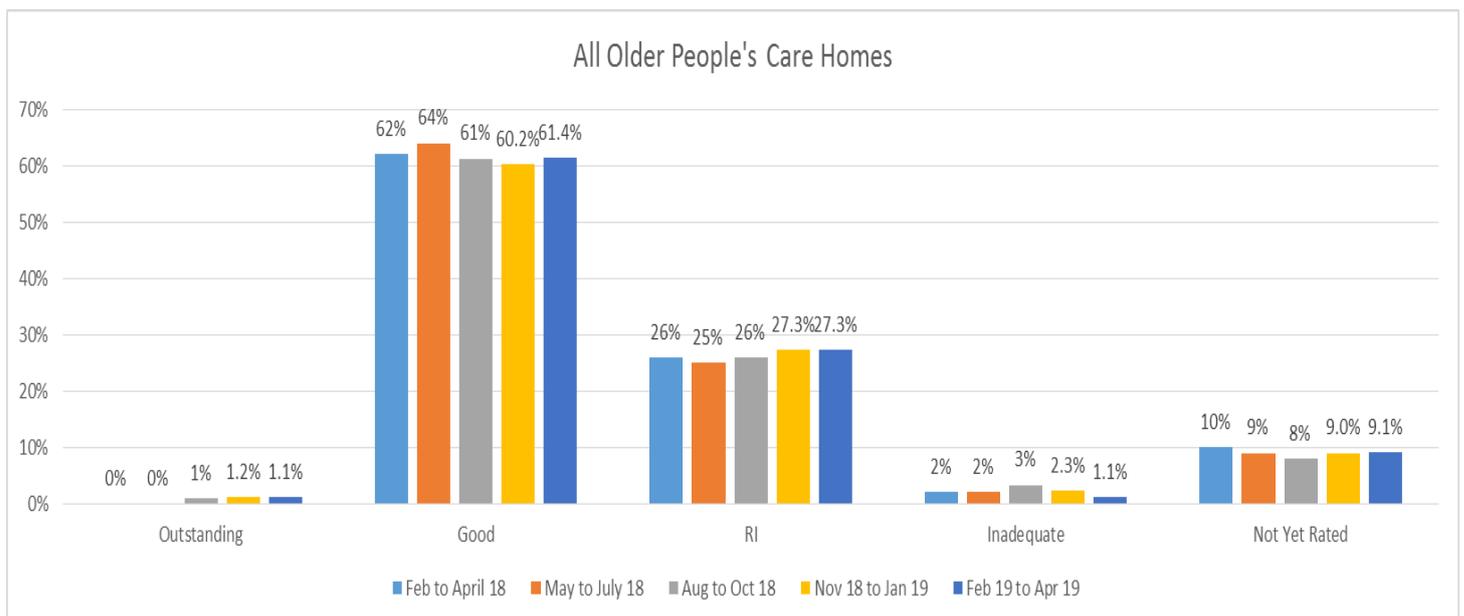
Residential Homes

- 50 independent sector care homes in total
- 37 rated Good – 74.0%
- 8 rated Requires Improvement – 16.0%
- 1 rated Inadequate – 2%
- 4 not yet rated – 8.0%

Nursing Homes

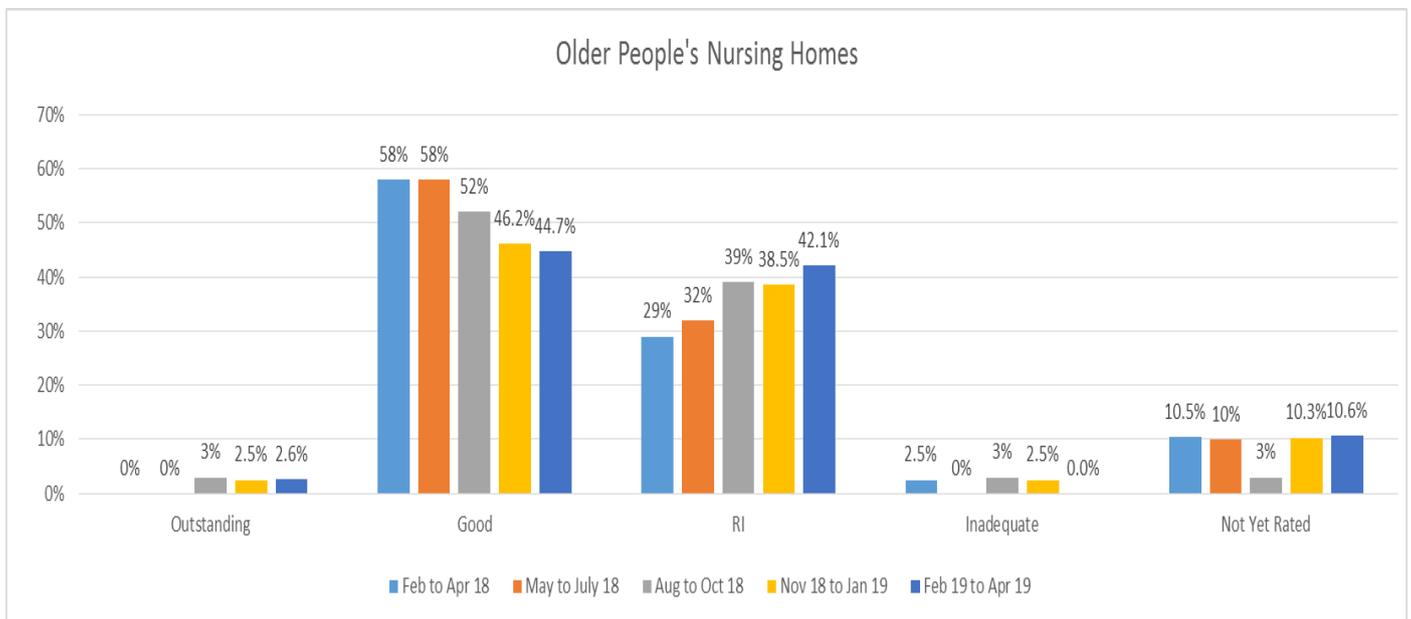
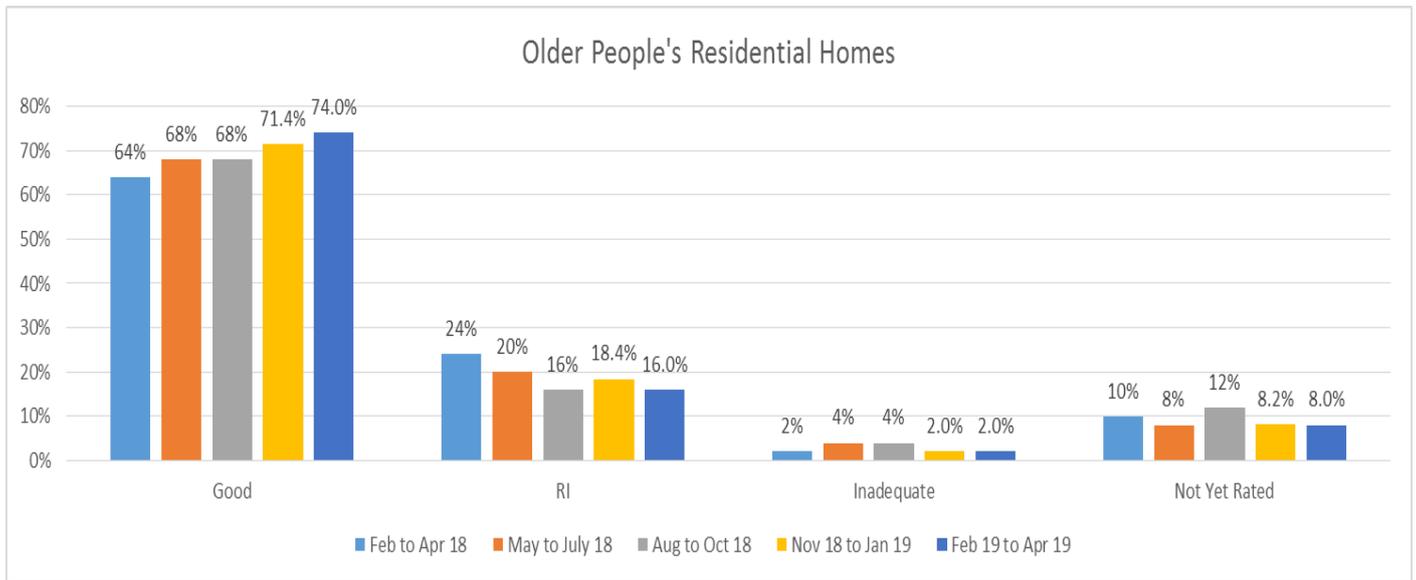
- 38 independent sector care homes in total
- 1 rated Outstanding – 2.6%
- 17 rated Good – 44.7%
- 16 rated Requires Improvement – 42.1%
- 0 rated as Inadequate – 0%
- 4 not yet rated – 10.6%

3.8 The following 3 graphs show ratings for all independent sector care homes since the last report and over the course of the last financial year.

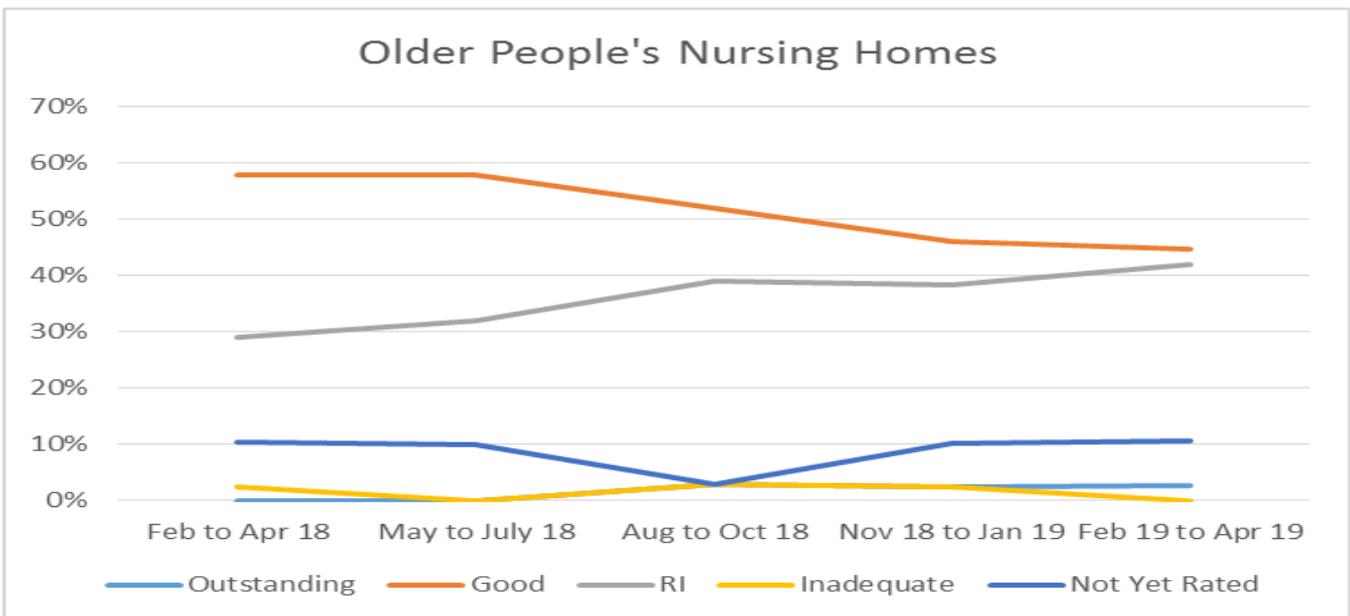
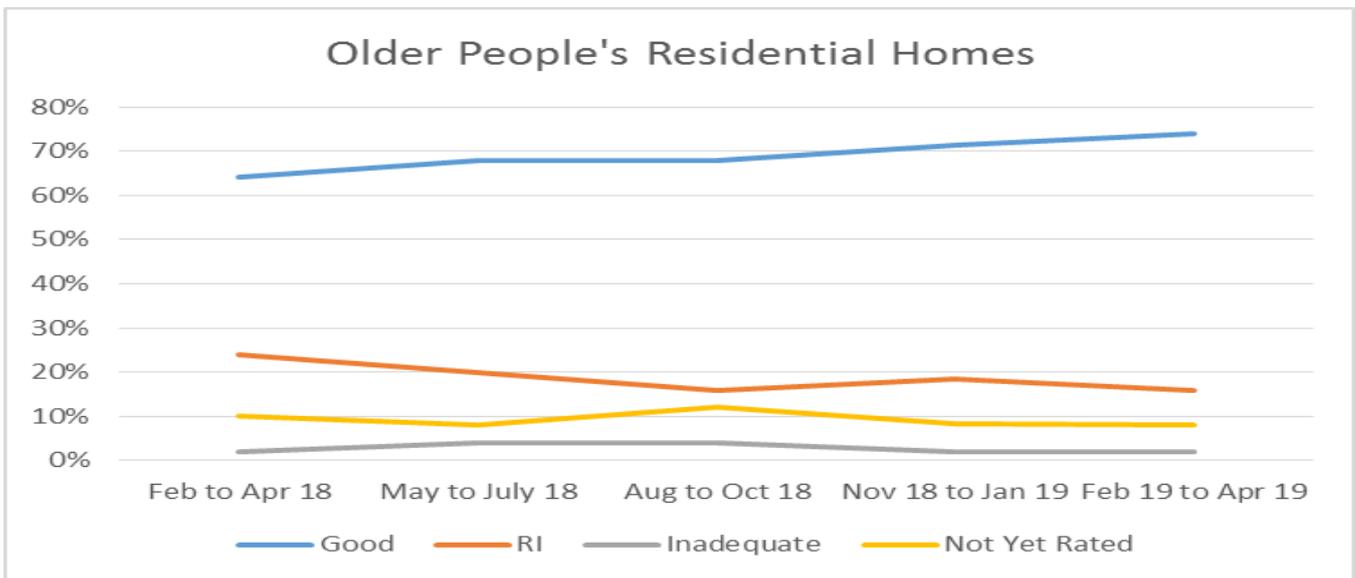
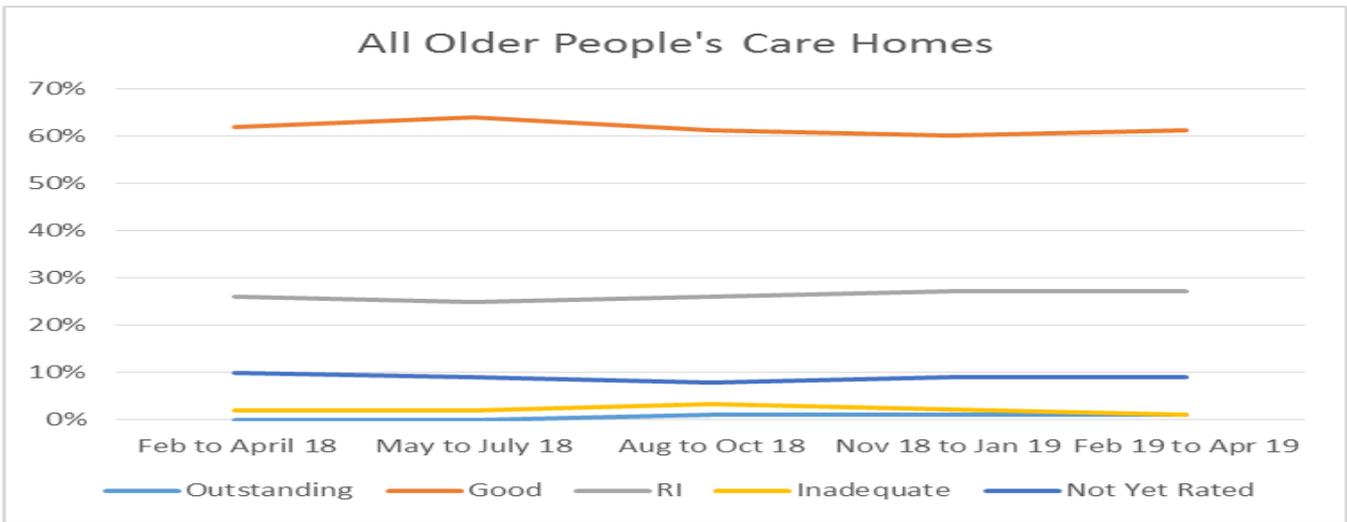


During the reporting period (February 19 to April 19), the changes that have affected the rating above are:

- One nursing home has de-registered and one new residential home has opened.
- There has been 2 residential homes that gained a Good rating, moving from Requires Improvement.



3.9 The following three charts show the trend data for care home ratings over the last year:



3.10 Since the last report, there has been one home where the local authority and the CCG have imposed a suspension on further placements. Details of the homes mentioned above can be found in the Confidential Appendix 2.

3.11 Commissioned Homecare Services

3.11.1 During the current reporting period, CQC have published 9 inspection reports for home care providers with only one provider being on the council's framework contract. This provider, Springfield Healthcare, has gone from a Requires Improvement rating to an overall Good rating, with Good being awarded in all five inspection domains.

3.11.2 In the spring of 2018 Contract Officers undertook a quality and performance audit of the primary homecare providers. The audit sought to identify any areas of contractual non-compliance and identify areas the providers needed to focus their efforts in improving their service. There were 16 standards which made up the Audit which included safeguarding, medications management, complaints, dignity in care etc. The Audit Tool included both on site visits and a desk top assessment review together with a quality assurance survey which was distributed to both service users and staff. Following completion of the audit, a detailed report was provided to each provider detailing the findings of the contract officers, improvement recommendations and timescales in which the improvements should be completed.

3.11.3 The audit identified clear improvement areas within the standards for each provider. Overall, the lowest areas of compliance and the primary areas of concern identified by the contract officers for both intensive development to improve services were:

- Support Planning and Risk Management
- Safeguarding
- The strengthening of communication between the management and office personnel with staff delivering community home care services.
- Medication management.

3.11.4 Contract officers have been maintaining an oversight of improvements through the regular contract monitoring processes which is carried out on the provider's premises in order to evidence performance and quality. In addition to providing a detailed improvement plan, contract officers have been undertaking regular relationship management meetings with the registered managers as well as facilitating development forums and training sessions in the areas identified as weaknesses during the audit. This has been undertaken in conjunction with safeguarding and organisational development colleagues.

3.11.5 A close monitoring programme has been put in place as well as regular meetings between senior officers of Adults and Health and the providers, to ensure progress is being made in improving the quality of services provided.

3.11.6 Adults and Health are also continuing to meet with all the commissioned homecare providers (Primary and Framework), to consider how the local authority can support them with their recruitment and retention of staff and sharing good practice whilst the recommissioning exercise takes place.

- 3.12 Adults and Health continue to work closely with the Leeds CCG Quality Team to monitor and assess the quality of care homes in the city and continue to develop our systems through the recently established Integrated Care Homes Quality Development Board to oversee the quality of services being provided in older people's care homes. Much greater emphasis is placed on ensuring that issues in relation to the sector are considered on a system wide basis including full involvement of the independent sector care home providers.
- 3.13 Adults and Health and the CCG are continuing with the programme of work to support providers to improve quality and to assist with hospital discharge/ avoidable admissions. The Care Quality Team (CQT) are providing direct support to about 25 care homes varying from weekly input to monthly or quarterly visits depending upon the issues, supported by CCG, NHS provider and NHS England colleagues particularly in relation to medication, and infection control. The CQT are also beginning to engage with home care services to assist with quality improvements in this area.
- 3.14 The CQT are also rolling out dementia mapping and dementia care support. Initial training and assessment has been undertaken in 11 homes as pilot for dementia mapping which trained just short of 400 staff and has received extremely positive feedback. The training and support is now being rolled out to another 14 care homes with training by Bradford University in the first two weeks of June with a further 15 being trained in 6 months' time to allow the Care Quality team to provide on-going support.
- 3.15 Telemedicine is being funded by CCG and was initially provided to 16 homes in the city. During May and June 2019 this is being expanded to a total of 30 care homes mainly, but not exclusively, residential homes. Telemedicine service is provided through a company called Immedicare and is delivered using high quality video calls from the care home to the Digital Hub at Airedale NHS Foundation Trust. Calls are answered by a team of clinical call handlers who are supported by a highly skilled multi-disciplinary team of Nurses, Therapists and Paramedics, ensuring patients receive a clinical assessment and any advice they may need straight away. The Registered manager of Headingley Hall in Leeds is quoted as saying that by using the telemedicine service, during one month alone they avoided 14 admissions to hospital¹.
- 3.16.1 Medications management is one of the key areas the local authority and the CCG together with colleagues from community pharmacy are targeting in relation the quality of services being provided. When analysing the outcome of a CQC inspection where a rating of requires improvement has been given in the domain of safe, it is often the case that the safe management of medications is the reason for this. This is a national issue, not just an issue in Leeds.
- 3.16.2 Poor recording of medications is one of the issues which is further is exacerbated by poor auditing and action planning. When mistakes are made with medication they are not then identified and addressed in a timely manner, if at all, leading to CQC finding of Requires Improvement in Safe, and then due to the poor audit a further Requires Improvement in Well Led, resulting in Requires Improvement overall.
- 3.16.3 Where issues with the management of medications has been identified through either a CQC inspection or contract monitoring visit, the CQT will, as a first step, direct managers and staff to available training and support resources they can access in this area. This will be followed by undertaking in-depth medication audit with CCG and pharmacy colleagues. These audits seek to validate the medication administration and

management process as well as the homes own audit process. This “auditing the audits” approach has proven beneficial in a number of homes where medication has been identified as good by CQC.

3.16.4 The lessons learned in this direct work and through consultation with colleagues is then made available on the Care Quality Team web site under both administering and managing medication. It is also being used to develop a series of seminars that will be run with the care homes.

3.17 The Care Quality team have recently launched a web site to allow a single point of access to support guidance and advice for Care homes mainly but also home care and carers and in addition, there are a range of forums being run jointly with our health colleagues to improve information flow between ourselves, (LCC and Health) and the Care Homes.

4. Recommendations

4.1 That the Scrutiny Board considers the details presented in this report and determines any further scrutiny activity and/or actions as appropriate.

5. Background papers¹

None.

ⁱ Sourced from Immedicare Headingley Hall Case Study

¹ The background documents listed in this section are available to download from the Council’s website, unless they contain confidential or exempt information. The list of background documents does not include published works.