

<b>Subject:</b>	<b>Adult Social Care Quality Monitoring Arrangements</b>		
<b>Date of Meeting:</b>	<b>18 March 2020</b>		
<b>Report of:</b>	<b>Executive Director, Health &amp; Adult Social Care</b>		
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<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE**

**Glossary**

- **Shared lives:** Shared Lives is a way to support adults, and young people over the age of 16, who are unable to live independently. Shared Lives scheme place the adult or young person with someone who offers accommodation, care and support in their own home. Support can be provided full time, or as short breaks and respite or day activities.
- **Residential (Care) Homes (non-nursing & nursing):** a Residential Care Home is a place where personal care and accommodation are provided together. Care Homes provide live-in accommodation; with 24 hour-a-day supervised staffing for residents, who may need extra help and support with their personal care. Residential care homes provide dining facilities, and often include a social programme and activities (e.g. music/yoga classes/arts therapy/outings) for their residents. A Nursing Home (care home that provides nursing care) also provides 24 hour care and support, as a care home (non-nursing), but with the added nursing care and assistance for residents who require input from and supervision by a registered nurse who is in situ to devise and monitor care plans, provide and administer medical treatment. Both the care that people receive and the premises are regulated by the Care Quality Commission.
- **Homecare:** (also known as domiciliary care) is a range of services put in place to support an individual in their own home. Services may involve routine household tasks within or outside the home; personal care and other associated domestic services necessary to maintain an individual in an acceptable level of health, hygiene, dignity, safety and ease in their home.
- **Supported Accommodation:** supported living services provide suitable accommodation with additional personal care. Unlike Care Homes this care will be provided at set times and may not be available 24 hour per day.
- **Care Quality Commission (CQC):** the CQC is the independent regulator of

health and social care in England.

- **Clinical Commissioning Group (CCG):** CCGs are responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
- **Health watch:** Healthwatch England was established as an effective, independent consumer champion for health and social care. It also provides a leadership and support role for the local Healthwatch network. Nationally and locally, Healthwatch have the power to make sure that those in charge of health and social care services hear people's voices. They encourage health and social care services to involve people in decisions that affect them.
- **Dynamic Purchasing System:** a Dynamic Purchasing System (DPS) is a completely electronic system used by a Contracting Authority (buyer) to purchase commonly used goods, works or services. Unlike a traditional framework, suppliers can apply to join at any time.

## 1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 This report has been produced following a request by the HOSC Chair to map out the current roles/responsibilities that the council's Quality Monitoring Team (QMT) covers in reference to quality monitoring and supporting providers in the city of Brighton & Hove.
- 1.2 The HOSC Chair requested an update following the recent CQC report for Priory Rookery Hove which received an overall 'Inadequate' CQC rating in all areas, dated 17 January 2020.

## 2. RECOMMENDATIONS:

- 2.1 That members note the contents of this report.

## 3. CONTEXT/ BACKGROUND INFORMATION

### Background

- 3.1 Brighton and Hove City Council (BHCC), Clinical Commissioning Group (CCG), and the Care Quality Commission (CQC) work in partnership to gather intelligence in order to prioritise intervention following any significant concerns about services provided to vulnerable adults living in the city. Brighton & Hove currently has a high level of providers in the city with a CQC rating of overall 'Good' See **Appendix 8: Summary of latest published new approach ratings of active Social Care Organisation locations in Brighton and Hove.**

- 3.2 Significant concerns may arise from CQC inspections resulting in 'Requires Improvement' or 'Inadequate' for key areas inspected: e.g. are services safe, well-led, caring, responsive and effective? There is a joint emphasis to help providers to improve by offering support and advice through the quality assurance roles that the council's Quality Monitoring Team (QMT) and the CCG provide. This could include clinical advice and improvement to support Care Homes: e.g. links to various services: 'SALT' (speech and language team), falls prevention, end of life care, support regarding medication issues, bespoke training for autism awareness etc.
- 3.3 Care provision is a dynamic market where providers face constant challenges. From time to time, all providers may get into difficulties for a variety of reasons. Over the past few years a significant challenge has been an increase in problems of recruitment and retention of staff in the care sector, a major issue leading to a lack of qualified and well trained health and care workers. The city has also seen a high turnover of 'Registered Managers', (this is representative across the country) which can result in a service's overall CQC rating changing from an overall 'Good' rating to 'Requires Improvement'. Having the right person leading a service (care home, home care etc.) along with well trained and motivated staff can also see CQC ratings go from an overall 'Requires Improvement' rating to overall 'Good'. On rare occasions a provider regulated by the CQC may receive an overall rating 'Inadequate' or 'Outstanding'.
- 3.4 The role of the council's Quality Monitoring Team is to build positive relationships with providers across the city through a planned review schedule (minimum of a desk top review every two years), working with other key professionals/organisations and on-going support as and when required. The QMT can often pick up on issues of concern before they become much bigger problems for a provider. This proactive approach undertaken by the council has supported many difficult situations over the past four years since the team commenced, and has prevented several business failures.
- 3.5 During 2018, a large national organisation that provides nursing care in the city (CQC rated 'Inadequate'), had twelve months input from the QMT including others to support them through a difficult period, the home has since received a CQC rating of overall 'Good', and now supports adult social care by providing supplementary assessment beds for hospital discharges. A further two nursing homes receiving a CQC rating of overall 'Inadequate' are currently rated overall 'Good', following intensive support from the QMT and CCG quality team.
- 3.6 It is important to note that there is a limited supply of care providers in the city, with demand often out-stripping what is available; closure is not necessarily a positive option to consider. Care providers exiting the market is always a last resort as an outcome.

### **Role of the CQC**

- 3.6 The role of the Care Quality Commission (CQC) as an independent regulator is to register health and adult social care service providers in England and to inspect whether or not standards are being met. The CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people

choose care. Their core role is to inspect whether or not 'key' standards are being met.

3.7 Unlike the QMT, the CQC can force improvement through one of the following civil enforcement powers:

- Imposing, varying or removing conditions of registration;
- Suspending registration;
- Cancelling registration; &
- Adopting urgent procedures

The CQC can bring prosecutions for breaching key regulations under their powers as the independent regulator.

3.8 From 2019, CQC now inspects providers rated as overall 'Good' only every 30 months, whereas QMT provides on-going and ad-hoc support to providers as and when required. A service rated overall 'Outstanding' has up to 5 years before its next inspection. A service with a rating of overall 'Inadequate' will receive a follow up inspection within 6 months, and overall 'Requires Improvement' 12 months. Inspections can be moved dependent on any significant issues of concern which are often provided as evidence by QMT.

3.9 **Standards of care.** CQC set out what good and outstanding care looks like and make sure services meet fundamental standards below which care must never fall. See **Appendix 1: CQC fundamental standards explanation.**

3.10 **What happens if care is poor?**

Where CQC find poor care, they will use their powers and take necessary actions, these include:

- Using *requirement notices* or *warning notices* to set out what improvements the care provider must make and by when.
- Making changes to a care provider's registration to limit what they may do, for example by imposing conditions for a given time.
- Placing a provider in *special measures*, where they closely supervise the quality of care while working with other organisations to help them improve within set timescales.
- Hold the care provider to account for their failings by:
  - issuing simple cautions
  - issuing fines
  - prosecuting cases where people are harmed or placed in danger of harm.

Everybody has the right to receive safe, high-quality care. If CQC find that care has fallen short of this, they can use their powers to take action against those responsible.

The CQC uses their powers and takes action to:

- Protect vulnerable people using services from harm and make sure individuals receive care that meets the standards individuals have a right to expect
- Make sure services improve if the standard of care they provide has fallen below acceptable levels.
- Hold care providers and managers to account for failures in how care is provided.

What action CQC take depends on how the problems they've identified affect the people who use the service and how serious they are.

3.11 *CQC inspections to Residential Adult Social Care services:* CQC inspections will usually be unannounced. In a few instances, where there are very good reasons, CQC may let the provider know they are coming. For example, they may contact small homes to check that people are home before setting off to inspect.

3.12 *CQC inspection to Community Adult Social Care services:* CQC inspections of domiciliary care agencies and Shared Lives schemes will usually be announced 48 hours in advance. This is so CQC can be sure the manager or a senior person in charge is available on the day they plan to visit.

CQC may also give 48 hours' notice to supported living schemes and extra care housing, but this will vary depending on the way the service is organised – in particular, in relation to the location of the registered manager and people using the service.

### 3.13 **Types of inspection:**

CQC carry out regular checks on health and social care services. CQC call these comprehensive inspections and use them to make sure services are providing care that's safe, caring, effective, responsive to people's needs and well-led.

CQC also carry out focused inspections. These are smaller in scale than comprehensive inspections, although they follow a similar process.

CQC carry out focused inspections for two reasons:

- To look at something they're concerned about, which might have been raised during a comprehensive inspection or through CQC monitoring work.
- If there is a change in a care provider's circumstances. This might mean they've been involved in a takeover, a merger or an acquisition.

A focused inspection doesn't always look at all five of CQC's key questions (see below 3.15). The size of the team and who's involved depend on what the inspection is looking at.

### 3.14 **Gathering evidence:**

The CQC inspection team uses the key lines of enquiry (3.15) and information from the planning stage to structure their visit and focus on areas of concern or areas where the service is performing particularly well. The team collects evidence against the key lines of enquiry by:

- Gathering the views of people who use services. This includes:
  - Speaking to people individually and in groups.
  - Using comment cards placed in GP surgeries or busy areas in hospitals.
  - Staffing pop-up engagement stalls before NHS acute hospital trust inspections.
  - Using information gathered from complaints and concerns from people who use services.

- Gathering information from staff.
- Other inspection methods include:
  - Observing care.
  - Looking at individual care pathways.
  - Reviewing records.
  - Inspecting the places where people are cared for.
  - Looking at documents and policies.

There are five questions CQC ask of all care services. They're at the heart of the way CQC regulate and they help to make sure CQC inspectors focus on the things that matter to people.

### 3.15 Key Lines of Enquiry

CQC ask the same five key questions of all the services they inspect, these are called Key Lines of Enquiry (KLOES).

Are they safe?

*Safe:* individuals are protected from abuse and avoidable harm.

Are they effective?

*Effective:* individual care, treatment and support achieve good outcomes, help individuals to maintain quality of life and is based on the best available evidence.

Are they caring?

*Caring:* staff involves and treats individuals with compassion, kindness, dignity and respect.

Are they responsive to people's needs?

*Responsive:* services are organised so that they meet individual's needs.

Are they well-led?

*Well-led:* the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

### Role of the Quality Monitoring Team (QMT)

#### 3.16 Background:

The team is approx. 4.1 FT/E staff working Monday to Friday, made up of 6 team members (includes one manager).

The team operates a duty system throughout the week (M-F) to ensure any quality issues relating to Health & Adult Social Care (HASC) provider services that the council has a contract with are picked up by any team member and dealt with swiftly. See **Appendix 2:** Quality Monitoring-Quality Assurance Framework (please refer to this document for a full breakdown of the role and responsibilities of QMT including frequently asked questions); and **Appendix 3:** Quality Monitoring Team pathway.

### 3.17 **Role of Quality Monitoring Team:**

The QMT is responsible for supporting all adult social care framework contracted services (including in house provider services) across the city. The team's role is to monitor that good quality care is provided in services to keep people safe. The team gather information about providers through various ways: e.g. complaints, safeguarding enquiries, information from social care staff (safeguarding leads, social workers, and whistle blowers etc.). QMT also works closely with other professionals including Clinical Commissioning Group (CCG) and Care Quality Commission (CQC) colleagues, to share information to build up a picture of 'services of concern'. QMT and CCG developed a joint template (January 2018) to be used during all Quality Monitoring assurance audits. The audit follows similar principles to CQC focusing on the five key lines of enquiry. Information gathered helps the QMT to look at any themes emerging: e.g. poor medication administration, multiple missed calls, low staffing levels, out of date training, poor systems in place etc.

The QMT maps out all the information received by RAG rating it (Red/Amber/Green); this will include feedback on 'key lines of enquiries' (KLOEs) from any CQC inspections. All of the information gathered is then transferred to individual files for each provider and also transferred to a 'Service Improvement' document which is discussed during monthly Service Improvement Panel meetings (SIP), attended by a broad cohort of staff including representation from CCG, Continuing Health Care (CHC), social workers, and commissioners.

Outcomes from monthly SIP meetings may include actions for the QMT to carry out the following:

- A focused quality monitoring assurance audit visit to a provider service of concern: e.g. a joint visit with CCG colleagues to look at medication procedures, medication charts, and recording etc.
- A full Quality Monitoring assurance audit of a service may be requested which follows the principles of CQC KLOEs: is the service: Safe, Effective, Well-Led, Responsive and Caring.

Each member of the team has a lead area to cover, and supports a second service area. A full audit will be carried out over a whole day and cover most areas of the service for example:

- Individual care plans/risk assessments, medication charts etc.
  - Staff files (including recruitment/induction, supervision and training)
  - Policies & procedures
  - Health & safety
  - Observations during the visit (including talking to staff, people using the service and visitors)
  - Tour of the premises
- (See **Appendix 4: Service Improvement Panel Terms of Reference**)

The information gathered about service providers is also shared during joint quality meetings hosted by CCG and CQC colleagues. Summary information is also presented in a quarterly report produced about quality monitoring activity for the Care Governance Board, chaired by the HASC Assistant Director Resources,

Safeguarding & Performance (see **Appendix 5: Care Governance Board Terms of Reference**).

The QMT also arrange planned visits as part of their role; each has a lead area to cover. The team has a set a target outcome to achieve at least a desk top review (DTR) for each service under its remit within a two year period. This target was met for period 2018/19 (see *table one below*).

At the time of writing this report (Feb 20) there are currently five providers in the city receiving additional support due to being risk rated Amber or Red on the Service Improvement main table of concerns. The highest number of providers recorded as receiving support and close monitoring at any one time was 17.

### 3.18 **Areas covered by QMT:**

The QMT carries out both *planned* and some *unplanned* audit visits similar to the CQC; currently QMT covers the following services that are contracted and commissioned by BHCC council:

- Nursing Homes
- Residential Care Homes (non-nursing), including Learning Disability care homes
- Home Care (main framework providers)
- Supported Living (Learning Disability)
- Acquired Brain Injury (ABI) and Physical Disability Services (that fall under supported living or care homes)

In addition to the contracted providers the QMT also quality monitors all In-House services (except for the High Support Accommodation services, which are not CQC registered). Currently there are 13 in-house services being monitored included in the figures (see *table one below*). High Support Accommodation services are monitored by the Rough Sleeping and Homeless Support Services Team which commissions them.

*table one: current number of services that are commissioned / contracted being quality assurance monitored by QMT February 2020*

Service Type	Total Number
Care Home: Independent sector- Older People (without nursing)	19
Care Home: Independent sector Learning Disability	20
Care Home: Independent sector Older People Mental Health	6
Care Home: Independent sector Adults Mental Health	5
Care Home: Independent Sector Sensory Loss	2
Care Home: Independent sector Acquired Brain Injury	1
Care Home: Council Learning Disability	5
Care Home: Council Adults	3
<b>Total Care Homes</b>	<b>61</b>
Nursing Homes: Independent sector	26
Shared Lives: Council	1
Home Care: Independent sector on Framework Contract (including back up providers)	10
Home Care: Council (Independence At Home)	1
Supported Living : Independent sector	41

Supported Living: Council		3
	Total	143
*High Support Accommodation : Council		2
*High Support Accommodation: Independent Sector		2
	Total	147

*\*The Rough Sleeping and Homeless Support Services Team monitors the contract and quality of all High Support Accommodation  
The above figures do not include providers that are not commissioned and audited by QMT or services that are commissioned using the 'dynamic purchasing system' DPS only*

### 3.19 **Registered Services not commissioned/covered by BHCC that are registered under CQC:**

The QMT also collates information for all HASC provider services that are not commissioned/ do not have a contract with BHCC. QMT keeps a record of any safeguarding or other significant issues passed to the team onto the SIP database. The QMT also hold individual files on each provider, which are updated as required. Any safeguarding issues always sit with the 'host' local authority regardless of any placements being made by the host authority.

Any further involvement by QMT must be acceptable to the provider e.g. QMT to carry out a full quality monitoring assurance audit. This is particularly valuable where there may be multiple placements with a provider where no contract exists with the council and therefore quality can still be monitored to some degree.

This approach by the council is over and above what some other local authorities may provide, but this vigorous and continued support has been proven to obtain positive results for providers, and subsequently for vulnerable people receiving care.

### 3.20 **Areas not covered by Quality Monitoring Team (QMT):**

The QMT does not carry out quality monitoring audits (as per day to day work) for a number of services these include:

- Hostel services: Rough Sleeping and Homeless Support Services Team monitors the contract and quality of all Hostel services.
- DPS services (commissioned under the dynamic purchasing system) DPS providers do not fall under the two-yearly desktop review process carried out by the QMT. Any quality issues identified for a DPS provider will be discussed during the monthly SIP process and escalated as required, which may include as an action a quality monitoring audit focused visit.
- Non Commissioned Services (not on framework contract)
- Services commissioned individually by CCG or Continuing Health Care (CHC)
- Day Services (Day Centers): these are not CQC registered
- Children's services

The QMT is unable to support any individual cases: e.g. supporting Mrs. X and her family following a complaint raised about a care home placement. Any individual cases requiring further investigation would sit with BHCC Assessment Team (social workers) to lead on. Information regarding any complaints, or other significant information etc. is used to build on portfolios held about each contracted provider overall. This information will help the QMT to look at any themes emerging: e.g. poor medication administration, low staffing levels, poor systems in place etc.

### **3.21 Professionals Meetings:**

Professionals meetings are held if serious patterns emerge about a service provider. These could include: a serious/major incident has occurred resulting in hospitalisation/death; CQC have rated a service as overall inadequate or various information has been received about a service provider from different/same sources over a period of several weeks/months (themes) that raise a significant concern. SIP meetings are used to determine when a 'professionals' meeting may be required. The meetings aim to support the provider and to develop comprehensive action plans to improve the service and safety of those using it. Subsequently this could lead to a suspension or even a contractual exit plan once all other avenues have been exhausted fully over an agreed period of time.

### **3.22 Suspending a Provider:**

There are a limited number of providers in the city; therefore the council has opted for a supportive process when a provider is struggling. On very rare occasions a service may need to be suspended; if a service is suspended this means that no new BHCC funded placements can be made during the suspension period. The decision to suspend any new placements in any service will always have the safety and welfare of people who use services at its heart and this will be paramount in all decision making. The decision to suspend is delegated to the Head of Commissioning (Health & Adult Social Care), based on advice from the Service Improvement Panel. In their absence the Director of Adult Social Services will take the decision.

Support during a Suspension: Whilst a service is suspended the provider will not be able to take any new placements and referrals until such a time as significant improvement is evident. The QMT will work with the provider (to include CCG quality monitoring colleagues and commissioners as required) to provide appropriate support. This may include regular focused visits to check against progress on the actions agreed during professionals meetings.

The council's QMT and CCG quality team may also involve other colleagues to support the home: e.g. Dementia Care Home in-Reach Team (CHiRT), Speech and Language Team (SALT), Learning & Development etc.

The QMT will regularly feedback on progress to commissioners and the CQC. By providing proactive support, often on a longer term basis, the QMT has kept providers remaining in the city that may otherwise have exited the market.

During the period January 2018- current (Feb 2020), the council suspended a total of six contracted provider services. Suspensions are made on an individual basis, however if a service is rated by the CQC as overall 'Inadequate' the

service will automatically be suspended by the council; please see table two below:

*Table two: number of providers suspended since January 2018 to February 2020*

Category of Provider	CQC Rating overall	Currently Suspended	Comments
Nursing Home	Inadequate	No	Currently overall <b>'Good'</b> CQC rating
Nursing Home	Inadequate	No	Currently overall <b>'Good'</b> CQC rating
Nursing Home	Inadequate	Yes	Currently overall 'Inadequate' CQC rating
Care Home (non-nursing)	Inadequate	Yes	Currently overall 'Inadequate' CQC rating. This provider was suspended originally whilst CQC rated overall 'Requires Improvement' due to significant safeguarding concerns
Home Care	Requires Improvement	No	No longer CQC registered
Home Care	Inadequate	No	No longer contracted with the council

For further information about suspensions, please refer to: Health & Adult Social Care Suspension policy and process December 2018 (See **Appendix 6: BHCC Suspension Policy**)

### **Additional Support to Providers**

#### **3.23 Health & Safety (Fire Safety Compliance) support:**

The Council is responsible for ensuring that a good quality standard of care and safety is provided in Nursing/Care Homes, Supported Living and Community support provided by Home Care services across the City. The QMT has an excellent relationship with the Health & Safety Business Partners to ensure H&S and Fire compliance is met, making recommendations where shortfalls are identified. This joined-up flexible approach allows vital intelligence to be shared to enable any risks identified to be addressed in a timely manner by offering advice, guidance, and support to ensure people receiving services are kept safe. As part of the working arrangement H&S business partners currently carry out up to six full day H&S audits to care homes each quarter; these are determined/requested by QMT.

#### **3.24 Care Home in-reach Team (CHIRT):**

The team is made up of Occupational Therapists working for Sussex Partnership Foundation Trust.

The Brighton and Hove Dementia Care Home in Reach team (CHiRT) work in partnership with care homes, the care staff and residents' families to promote quality of life and meaningful occupation for the residents with a dementia. As part of a bespoke action plan with each home CHiRT develop evidence-based psycho-social interventions.

QMT meets regularly with CHiRT to share information about providers and also receives bespoke training sessions on a regular basis to support quality assurance visits to homes that provide dementia care.

### 3.25 **Forums:**

BHCC and CCG hold three joint Care Home forums per year and forward plan agenda items generated by ideas from providers. The working group consists of care home managers who meet on a regular basis to support the forum meetings and ensure topics are relevant, wanted and engaging. Each forum meeting has a host of guest speakers, stall holders, and opportunities for managers to network. Since February 2018 CQC has attended each forum to provide managers an opportunity to ask any CQC-specific questions during the event.

Three yearly forums are also held for Home Care and Learning Disability providers, led by commissioners.

Feedback from these forums is always very positive, and there are often a high number of providers wishing to share 'good news' stories.

### 3.26 **Healthwatch Lay Assessors volunteer visits:**

Healthwatch Brighton & Hove is a registered Community Interest Company. The role of Healthwatch Brighton & Hove is a health and social care watchdog run by and for local people. It is independent of the NHS and BHCC.

Healthwatch Lay Assessors interview people receiving home care from local providers, speaking to residents plus their families about their experience and the quality of service they receive. Lay Assessors feedback that information to Healthwatch which collates and shares written reports with Brighton & Hove City Council to ensure the service providers maintain a high quality of care.

BHCC Performance & Business Improvement Team, with support from QMT, meets with Healthwatch on a regular basis to inform the programme of work for the Lay Assessor interviews. Outcomes of these reports are shared with the relevant provider and the QMT. Providers have the 'Right to Respond' feeding back on any changes or updates that have taken place during and after the time of the report.

This information helps the QMT to determine whether a broader focused quality audit is required: e.g. monitoring of staff training records or focusing on medication recording etc.

### 3.27 **Workforce Development:**

The Workforce Development team at Brighton & Hove City Council provides and delivers a comprehensive funded training programme to both council employed care and assessment services, and externally commissioned care providers, community voluntary sector providers, Personal Assistants, informal carers and partners across the city. The programme offers over 7,000 training places, online

learning, and access to relevant conferences (Safeguarding & Adult Social Care Showcase) and other resources to support the wider health and social care sector to deliver high quality cost effective services.

The team also provides development interventions, advice and guidance for service providers on regulation and on any quality issues identified. As well as responding to developments, such as changes in social care law, the team has representation at a number of strategic forums (Care Governance Board, Skills for Care, SE ADASS [South East Association of Directors of Adult Social Care] Workforce Group, Clinical Education Provider Networks, Health Integration Group) and other local provider forums that help to develop policy and the wider workforce delivering adult social care across the city.

### 3.28 **Nursing Homes Professionals Meetings:**

CCG facilitates quarterly multidisciplinary meetings made up of clinicians, CQC representatives and QMT to discuss any relevant quality and safety issues relating predominantly, although not exclusively, to Nursing Homes. Actions from these meetings may include joint visits to provide additional support to homes for example: Speech and Language Therapists (SALT team) can provide bespoke training for individuals relating to swallowing issues; Registered General Nurses (RGNs) can provide support regarding wound care, Martletts can provide 'end of life training' etc.

### **Feedback from Providers**

- 3.29 From January 2019, the QMT started to request feedback from providers by sending out a post visit survey. Feedback will help determine what is helpful about the support provided, and identify areas for improvement (see **Appendix 7: Post Survey Report 2019**).

### **Quality Monitoring Neighbouring Authorities**

- 3.30 Neighboring local authorities have different ways in which they quality monitor provider services, East Sussex County Council (ESCC) has a Market Shaping Team (MST). Following the success of ESCC quality monitoring team supporting over 20 providers in the past that had an overall CQC rating of 'Inadequate', a decision was made by ESCC that the MST will now only support those providers that are struggling or receive future poor CQC ratings. This way of monitoring providers could potentially see an increase in CQC ratings of 'Requires Improvement' and 'Inadequate' due to little or no input to services that may otherwise do well with more regular monitoring, input and advice.

West Sussex County Council (WSSCC) does not have a separate quality monitoring team function and rely on the regulator role of CQC. In the past 18+ months significant concerns about a major care provider in WSSCC, has seen 11 out of 19 services being provided by one organisation receiving a CQC rating of overall 'Inadequate' with the remaining eight rated as 'Requires Improvement'. Issues of concern may have been highlighted much sooner and with less of an impact if WSSCC had adopted a different monitoring approach.

The robust systems put into place by BHCC QMT have enabled providers to maintain high numbers of overall 'Good' & 'Outstanding' CQC ratings in the city.

(See **Appendix 8**: CQC data January 2020. Please note CQC ratings may go up as well as down depending on multiple factors).

#### **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

4.1 Not applicable to this report for information rather than decision.

#### **5. COMMUNITY ENGAGEMENT & CONSULTATION**

5.1 None undertaken directly in relation to this report. Members should note the involvement of Healthwatch Brighton & Hove in the quality monitoring process (see 3.27 above).

#### **6. CONCLUSION**

6.1 Members are asked to note the local process for monitoring adult social care quality, supporting providers, and intervening where necessary.

#### **7. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

7.1 There are no financial implications as a direct result of the recommendations of this report. However, any measures recommended by the Quality Monitoring Team to support providers and similarly, any actions taken by regulatory bodies, may have an impact on the broader costs of care funded by the Council.

*Finance Officer Consulted: Name David Ellis Date: 20/02/20*

##### Legal Implications:

7.2 Section 5 Care Act 2014 places a duty on Local Authorities to promote the efficient and effective operation of a market in services for meeting care and support needs in its area and in particular to have regard to the importance of fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided.

*Lawyer Consulted: Name Sandra O'brien Date: 26/02/2020*

##### Equalities Implications:

7.3 By definition ASC services support vulnerable people. It is important that services for vulnerable people are of high quality, and as far as possible, are locally available. In order to ensure that quality and supply are both maintained, BHCC has very active monitoring and support arrangements as detailed in the main body of the report. These arrangements go well beyond statutory requirements,

and beyond what neighbouring authorities commit to, but they are instrumental in ensuring a relatively high quality and robust ASC market in the city; and hence help guarantee good quality care services for vulnerable residents.

Sustainability Implications:

- 7.4 None directly to this report. Effectively supporting the Brighton & Hove care market reduces the need to use out of area residential placements, other than as a matter of service user choice. This minimises travel to and from residential settings for families etc.

Brexit Implications:

- 7.5 None directly to this report. Significant numbers of EU nationals work in the local care sector, and there are consequent risks to the sustainability of the local care market should large numbers of these people choose not to stay in the UK in future years. There is ongoing citywide work to identify and potentially mitigate sectoral exposure to Brexit workforce risks.

Any Other Significant Implications:

Crime & Disorder Implications:

- 7.5 None identified.

Risk and Opportunity Management Implications:

- 7.6 Not material for this report for information.

Public Health Implications:

- 7.7 Effective monitoring of ASC quality helps support people to live good quality lives. This is integral to the Living Well, Ageing Well and Dying Well Brighton & Hove Joint Health & Wellbeing Strategy priorities

Corporate / Citywide Implications:

- 7.8 Not material for this report for information.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. CQC fundamental standards explanation
2. Quality Monitoring-Quality Assurance Framework

3. Quality Monitoring Team pathway
4. Service Improvement Panel Terms of Reference
5. Care Governance Board Terms of Reference
6. BHCC Suspension Policy
7. Post Survey Report 2019
8. Summary of latest published new approach ratings of active Social Care Organisation locations in Brighton and Hove

### **Background Documents**

None