

# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

## Agenda Item 13

Brighton & Hove City Council

<b>Subject:</b>	Performance and Monitoring Older People's Services 1 <sup>st</sup> October 2009 to 31 <sup>st</sup> March 2010		
<b>Date of Meeting:</b>	14 <sup>th</sup> June 2010		
<b>Report of:</b>	Acting Director of Adult Social Care and Health		
<b>Contact Officer:</b>	Name: Lynn Mounfield	Tel: 296201	
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<b>Wards Affected:</b>	All		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 To report on the performance and monitoring of Older People (OP) and Older People Mental Health (OPMH) care homes and home care, for the period 1<sup>st</sup> October 2009 to 31<sup>st</sup> March 2010.
- 1.2 For the report to cover both independent sector and council run care homes and home care.

#### 2. RECOMMENDATIONS:

- 2.1 The Cabinet Member notes and comments on the report.
- 2.2 The Cabinet member receives reports on a six monthly basis. The next report will cover the period 1<sup>st</sup> April 2010 to 30<sup>th</sup> September 2010.
- 2.3 The report is submitted to the Joint Commissioning Board for agreement on the jointly commissioned services.

#### 3. RELEVANT INFORMATION

##### PERFORMANCE

##### Performance in Care Homes

###### 3.1 Numbers of care homes and beds

- The number of care homes and beds available in the city for both OP and OPMH has changed marginally with the change in registration of one of the care homes from OPMH residential to OPMH nursing, see Appendix 1: Breakdown of OP and OPMH long stay care home places 30 September 2009
- Planning activity and building development within the city currently comprises two providers who are looking at commencing work this summer with an anticipated completion date of summer/autumn 2011.

###### 3.2 Overview of care homes with nursing

- Nursing homes provide 24 hour nursing care for the most vulnerable older people. Within the reporting period the demand for long stay nursing care

home placements, both OP and OPHM remained high, but overall the trend is for fewer long stay places, with a marginal reduction in the number of new placements (See Appendix 2: Number of New Nursing home placements).

### **3.3 Overview of residential care homes**

- Residential care homes provide accommodation, meals and personal care such as help with washing and eating. The intention is for fewer long stay placements to be made in both OP and OPMH residential homes, and this is demonstrated by there having been a 23% reduction in new residential placements within the reporting period (See Appendix 3: Number of new Residential Placements).
- The Council currently has three resource centres which provide residential and other services e.g. day care. One resource centre is registered for OP and two are registered for OPMH. These are increasingly moving to provide short stay beds, and there are no long-stay beds in OP services and 18 in OPMH services, which is a 31% reduction on the previous period.

### **3.4 Short stay Intermediate Care and Reablement services**

- There continues to be an accent on short stay rehabilitation and reablement services. When consulted many older people say that they want to remain independent for as long as possible. Demand for Health provided intermediate care and transitional (reablement type) beds within the city continue at the same levels as detailed in previous report (see Appendix 4: Short term beds).
- However, notice has been given on the Intermediate Care Beds at Roan, and Caburn House Residential Care Homes, in view of the Primary Care Trust's plans to rationalise the way such services are delivered throughout the City.

### **3.5 Out of area care home placements**

- As there is a lack of capacity in the nursing home market the council sometimes contracts with providers outside the city. Currently there are about 57 OP and OPMH who if given the choice probably would have chosen to stay in a nursing home within the city (see Appendix 5: A snapshot of nursing home beds to show those in and outside the city). Though this figure represents an increase from the previous report, it is envisaged that with both the new and predicted increase in nursing home provision within the City that this figure will reduce over time.

### **3.6. Reflections on care home performance information**

The combination of a marginal increase in nursing home capacity, in particular OPMH nursing provision, and a predicted increase in general care home provision in the future, aligned to an overall decrease in the number of long term placements continues to have the following potential benefits:

- Improved quality of provision as a result of increased competition in the care home market
- More choice of provision for service users
- A decrease in the numbers of service users needing to be placed out of City because of shortages of provision within Brighton and Hove

- Less pressure on the budget

Additionally, the decrease in the numbers of long term placements, particularly in rest homes, not only demonstrates the success of the short stay and Intermediate Care and Reablement services in reducing the number of long term admissions, but also shows that the public are electing to utilise less traditional models of care.

### **3.7. Waivers**

- Sometimes the Council has to place service users in care homes that are requesting fees in excess of the set rates, and there are two situations where a request for such a waiver can be agreed. Either because the service user's needs cannot be met within the set rates, or because there are currently no suitable vacancies at the appropriate set rate.
- With the period covered by this report there have been a total of 30 waivers which constitutes 19% of all placements made. Appendix 6 gives you a breakdown of these figures as they apply to each registration category of care homes.
- Proportionally there have been a higher number of waivers for OPMH nursing homes, and to a less extent OPMH residential homes, indicative of the greater lack of capacity in these types of provision, and the ability of such providers being in a stronger position to demand higher fees.

## **Performance in Home Care**

### **3.8 Number of Home Care Packages**

- Numbers of service users receiving Home Care from Approved Providers has decreased slightly over the last six months; it has gone from 1441 to 1403. Direct payment increases and the impact of Intermediate Care Services and reablement maybe positive factors in this. (See Appendix 7: Number of People receiving Home Care).

### **3.9 Hours of Home Care Provided**

- Reports from independent providers demonstrate that hours of care have reduced in the last six months. If this is broken down the numbers of people supported by intensive home care packages has increased and this is line for the national trend for larger, more complex packages of care provided to people in their own homes (see Appendix 8: Home Care: Hours delivered weekly).

### **3.10 Overview of Home Care Market**

- All of the Approved Home Care Providers have maintained their "Good" or "Excellent" rating by the Care Quality Commission and are currently working on re-registering as is the requirement from CQC.
- This quarter presented challenges due to the snow and the providers followed the traffic light risk assessment process (part of the contingency plans) to prioritise care provision on the particularly difficult days. The partnership work was very successful between the providers and the council. Care workers were commended for their dedication by Ken Norman and the Mayor.
- An Outcome Based Commissioning Home Care Pilot has been in place to assist with the change management process within ASC, and with

providers, in line with Putting People First. The pilot focused on the person's outcomes to allow more control for the person receiving care and greater flexibility of the service to meet their changing needs and preferences. This pilot was evaluated in February 2010 and a report was presented to the Personalisation Board in March 2010. The Board agreed for the Outcome Based Commissioning (OBC) approach to be rolled out to all approved providers in home care incrementally. The goal is that all existing service users will benefit from the option to receive a more flexible service following a support planning process by April 2011.

### **3.11 Reflections on Home Care Performance information**

- The decrease in the numbers of service users receiving Home Care from Approved Providers is indicative of the impact of personalisation, and Intermediate Care Services and reablement.
- The council's own home care team is focusing on working towards a reabling approach for service users which is in line with national research that confirms benefits for service users and may result in reduced numbers of referrals for home care.

### **General performance information**

#### **3.12 Capturing Regulatory Information at a Local Level (CRILL)**

- In the previous report it was agreed that information from the annual CRILL report would be included in this report. This is useful information in that it gives comparative information from other local authorities. In this respect, out of all the 928 service users placed in care homes as on 30<sup>th</sup> September 2009, 80.2% were either living in a 'Good or Excellent' rated care establishment. This figure is marginally below the national average, and the average of comparable local authorities with Medway Town Unitary Authority being 92.5% and Slough Unitary Authority 59.1%.

## **MONITORING**

### **Monitoring in Care Homes**

#### **3.13 Monitoring by the Contracts Unit**

- The Social Care Contracts Unit continues to undertake desk top reviews (DTR) on all care homes in the City, gathering a range of intelligence from key stakeholders, including the outcomes of the latest Care Quality Commission (CQC) report. From this information each provider is then risk rated. This determines the intensity of future monitoring, with those providers rated as high risk receiving a focused audit to check compliance against the CQC requirements; and with those where there are serious concerns being subject to ongoing and intensive monitoring. For low to medium risk providers, they will either be written to, seeking confirmation that they have met any outstanding requirements, or will receive a contract review visit.
- In total 27 DTR's were completed in this period, the outcomes of which are detailed in Appendix 9.
- Based on the CQC ratings, the overall quality of all care homes increased between October and April. Please refer to Appendix 10 in this respect. This trend is quite marked with an increase in excellent rated care homes from 15 to 19 per cent, and an increase in good rated homes from 59 to 71 per cent. This increase in quality is also evidenced through a reduction in adequate rated homes from 19 to 7 percent, and poor rated homes from a

previous 1 percent to a position where there are no poor rated care homes at the end of the review period. Appendices 11 to 13 give a breakdown of these trends as they apply to all categories of older people care homes except OPMH nursing homes, as being only 3, it is more straightforward to report that the rating of one of these has gone from poor to adequate, the other remains at its previous good rating, and the other provider, which is new, is not yet rated by CQC.

- Aligned to this is the role of the Clinical Quality Review Nurse who is employed by NHS Brighton & Hove and whose role it is to undertake a clinical audit on all in City nursing homes. She had visited all 27 providers prior to the review period, and has been revisiting nursing homes since before October 2009 to continue monitoring compliance against the clinical standards. There has been a marginal variation in clinical quality within the review period (See Appendix 14)
- The views of service users using care home services continue to be sought by social work assessors through their completion of the Service user Satisfaction Questionnaire when visiting them. Residents continue to express high levels of satisfaction in this respect, with the majority of people stating that they are either satisfied or very satisfied with the services received.
- The Contracts Unit has now developed more robust mechanisms for capturing the information contained within these questionnaire, and the next report will include specific data on how well care a service provider is performing in respect to specific areas such as equalities, and dignity & respect; and more precise data on the ethnicity of those service users who are being asked to comment on the quality of the services they receive.

### **3.14 Safeguarding Adult Alerts**

- Proportionate to the number of homes, Safeguarding Vulnerable Adult alerts have been most prevalent in OPMH nursing homes, though statistically, given the needs of this particular service user group, there is an expectation that a greater number of alerts will be received homes providing care for this category of resident. Nursing homes have also had a high number of alerts, including four level 4's, one of which resulted in all the service users needing to be relocated to alternative care provision.
- There have been 30 alerts altogether, with Appendix 15 giving a breakdown of how these are distribution across the different categories of care homes. The Contracts Unit is closely aligned to the safeguarding process, and also uses information gathered in this respect to inform the desk top review. The Contracts Unit will also pick up on any quality standard issues which need following up once the safeguarding process has reached closure.

### **3.15 Health and Safety Monitoring**

- Health and Safety: The Service Level Agreement continues to operate between the Contracts Unit and the Health, Safety and Well-being Team to facility better health and safety compliance within the independent and voluntary sector. To-date the benefits with regard to care home provision have been as follows:

- The Health and Safety Business Partner (Fire) is continuing to audit fire compliance in care homes and improving standards in this respect. To-date he has visited all providers except one, and has assessed the average level of compliance as being 92.4% throughout the sector. The most prevalent area of non compliance is providers not having in place a Personal Emergency Evacuation Plan (PEEP), and as with all areas where homes are found wanting, he will support and work with them to become compliant. If non compliance continues to become an issue, and service users are at potential risk, he will consult with the East Sussex Fire and Rescue Service who have a stronger legal mandate to take enforcement action.
- He has also been returning to those care homes which he previously visited to audit more general health and safety compliance; and has also offered where appropriate to review current Fire Risk Assessment, carry out Fire Risk Assessments where it is deemed not to be suitable or sufficient, and offer to carry out new Fire Risk Assessment where one is not available.
- Though there was a positive take up of the free Council run Contractors Health and Safety (CHAS) training, to assist providers to become CHAS accredited by 30<sup>th</sup> September 2010, the majority of older people care homes have yet to achieve this status. To address this, the Health, Safety and Wellbeing Team will be attending the next care homes bi annual forum in May and the Contracts Unit will be writing to providers reiterating their contractual obligations to comply with this condition by the above mentioned date.

### **Monitoring in Home Care**

#### **3.16 Council-led quality assurance activities**

- There is a robust approach to the contract management of Home Care Contracts: this process includes audits that are carried out annually and timescales are given to providers to meet any requirements made in the audit report. Monitoring service user views are also part of the quality assurance process and these are obtained through the Impetus (previously Sixty plus action group), service user questionnaires received from care managers and other feedback. Complaints, safeguarding adults' investigations and other information are also constantly monitored.
- The Contracts Unit carried out 5 audits and 6 Contract Reviews in the period October 2009 to March 2010.
- 18 incidents or complaints have been reported to the Contract Unit in the period October 2009 to March 2010 (see Appendix 16 Incidents and complaints reported from Service Users who receive Home Care). All of these complaints and incidents are investigated and contribute to the Audit and Contract Review process.
- The Impetus, 60+ Action Group have reported on 41 surveys from service users who have an independent provider in the last six months. There continues to be high levels of satisfaction.
- The Contract Unit has received 78 reports from reviewing and care management staff in the last six months. Again there are high levels of satisfaction with any issues raised addressed by the reviewing process or by the Contracts Unit.

- There have been 22 cases involving home care staff where there have been Safeguarding Vulnerable Adult Alerts, 11 of which were unsubstantiated. All Safeguarding alerts are monitored and any themes are highlighted and are discussed with the relevant provider (see Appendix 17 for level of investigation for Home Care Services).

### **3.17 Carer continuity**

- Carer continuity is one of the most important measures of quality of service as identified by service users. Independent providers continue to submit reports on the cases where at least one worker has been consistently working with an individual service user for the previous six months. Across the sector, approximately half the service users have this level of continuity.

### **3.18 Workforce developments**

- **Recruitment, retention and staff turnover**  
Recruitment, retention and turnover of staff continue to be an issue, more particularly in the independent sector; however the majority of Approved Home Care Providers have a staff turnover of less than 17%, which is the National Average.
- **Training**  
There continues to be a high level of training activity across the home care sector, not least in response to meeting the induction and training needs of the 61 new workers who started in the last three months. The government target for the achievement of 50% of home care staff NVQ2 has been met by the majority of Home Care Providers. This is slightly higher than with national reports on current levels of NVQ achievement. The providers who have had the longest presence in the city tend to have a higher level of NVQ qualification, probably reflecting at least in part their higher proportion of staff who have been with them for say more than 2 years.
- The workforce development unit has supported the Contracts Unit in developing a Reablement Course for the trainers of the independent sector and a similar process will be put into place for the OBC.

### **3.19 Personalisation Developments**

- **Reablement:**
- As part of the personalisation process the Approved Home Care Providers will be trialling the provision of reablement service to service users. Senior carers, management and training staff have been trained in the theory of reablement and how to provide a reablement care package for a six week period.
- The process to be trialled is that when a service user has a statutory annual review carried out by a Care Manager/ Reviewing Officer, (based within the Reviewing Team) and they are identified as benefitting from reablement. The Care Manager will identify the outcomes to be met in the period of reablement. If the person is in receipt of home care from an independent provider they will remain with that provider and have a period of reablement by their team.
- This period of reablement (anything up to six weeks) will be carried out in partnership with the Care Manager/ Reviewing Officer who will be the trusted assessor to enable access to any equipment required for the

reablement. The Home Care Provider will have increased input from their Senior Care Officer (equivalent) who will carry out the Reablement Action Plan (RAP) and visit the service user weekly to update the RAP and measuring outcomes that the person has met.

- This trial will take place for three months starting in May 2010 and will be reviewed in September.
- **Electronic Monitoring system:**  
This is to be introduced in the latter part of 2010, and will modernise systems and fits well with personalised services for individuals. There is potential to deliver major efficiencies that are being made by other Local Authorities who have more accurate invoices with large savings made on the difference between contracted hours and actual hours delivered. A working group and implementation plan to work in partnership with providers is in place.

#### **4. CONSULTATION**

- 4.1. All monitoring arrangements relating to care homes have been agreed with the Registered Care Homes Association and the Care Quality Commission.

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

##### **5.1 Financial Implications:**

There are no direct financial implications arising from this report. Services referred to in this report involve annual net spend (after client contributions, health and other joint arrangements) of approximately £31 million per annum.

Finance Officer Consulted: Anne Silley    Date: 26/05/2010

##### **5.2 Legal Implications:**

There are no specific contractual/procurement issues, however in general contracts must be entered into in compliance with the Council's contract standing orders and where appropriate EU and UK procurement laws; and in such a manner as to ensure transparency, non discrimination and value for money. The Council must take the Human Rights Act into account in respect of its actions but it is not considered that any individual's Human Rights Act rights would be adversely affected by the recommendations in this report. The report provides essential data to ensure both transparency and scrutiny of quality of provision and value for money in terms of expenditure of public funds.

Lawyer Consulted: Sonia Likhari, Contracts Lawyer and Sandra O'Brien, Acting Senior Lawyer.    Date: 26/05/10

##### **5.3 Equalities Implications:**

Equalities underpin all social care contractual arrangements.

##### **5.4 Sustainability Implications:**

There is a sustainability clause contained in the contracts underpinning these services. More specifically, the Home Care arrangements promote the sustainability agenda through the adoption of district based provision.



5.5 Crime & Disorder Implications:  
None identified

5.6 Risk and Opportunity Management Implications:  
The monitoring arrangements detailed in this report are in place to ensure that the Council purchases good quality services, with positive outcomes for service users. These arrangements will reduce risk, both to the service users and the Council.

5.7 Corporate / Citywide Implications:  
Measuring the performance and quality of care homes and home care providers helps towards meeting the council priority of ensuring better use of public money.

## **6. EVALUATION OF ANY ALTERNATIVE OPTIONS**

6.1. None considered.

## **7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 The reasons for the report recommendations are to keep members informed about the levels of older people care home and home care provision, and its usage; along with information on the quality of provision and how this is being monitored.

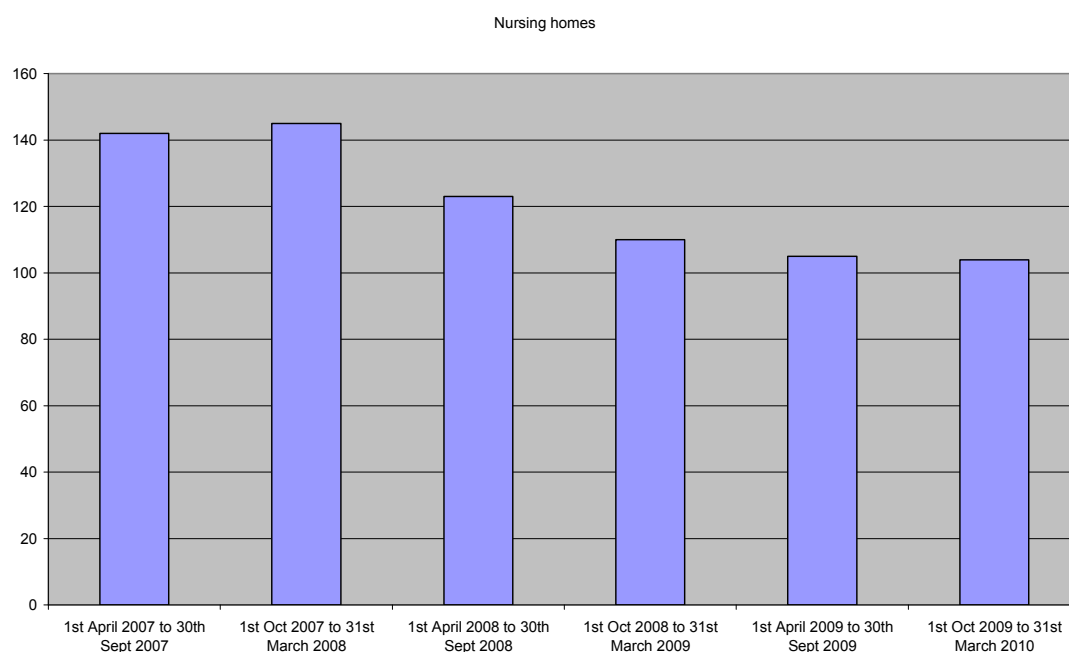
## SUPPORTING DOCUMENTATION

### Appendices:

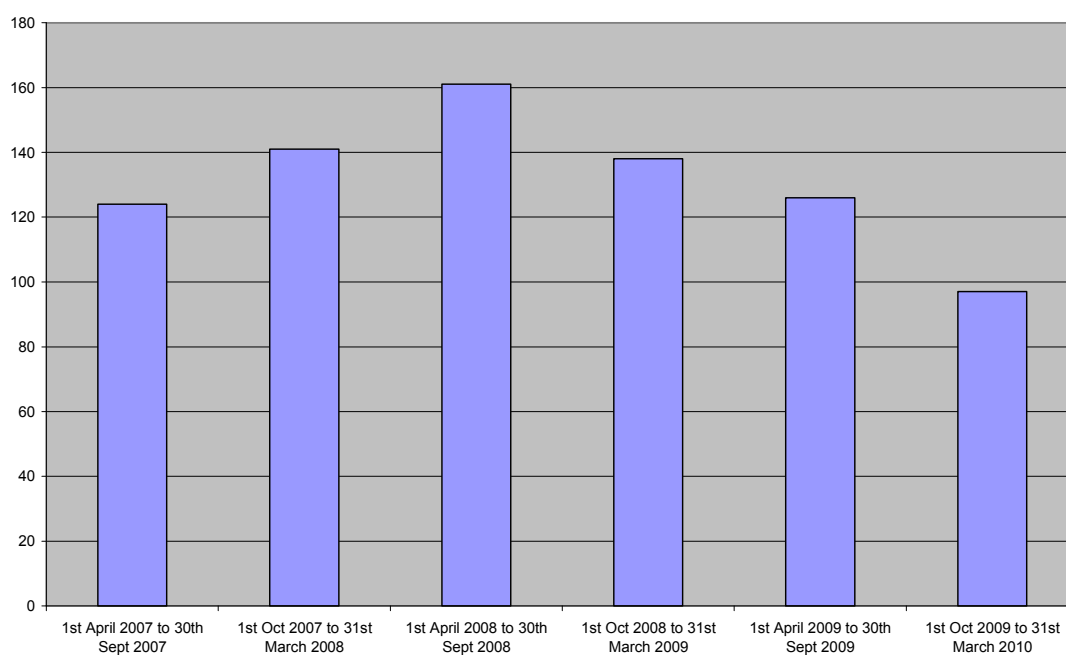
#### 1. Breakdown of OP and OPMH long stay care home places 30<sup>th</sup> September 2009

Type of provision	Total number of predominantly long stay beds in the city		Number of homes by primary category (note some homes are registered for more than one category)		Number of Preferred Providers	
	OP	OPMH	OP	OPMH	OP	OPMH
Residential care home	681	192	30	8	29	6
Brighton & Hove City Council resource centre	0	38	0 Note Craven Vale is short stay care only	2	n/a	n/a
Care home with nursing	669	126	25	4	15	3
<b>Totals</b>	<b>1,348</b>	<b>356</b>	<b>55</b>	<b>14</b>	<b>36</b>	<b>10</b>

#### 2. Number of new nursing home places



### 3. Number of new residential home places



### 4. Short term beds

#### Transitional re-ablement beds/flats i.e. predominantly Council

location	type of provision	number	comment
Glentworth nursing home	Independent older people nursing home	7	
Sycamore nursing home	Independent older people nursing home	6	
Ireland Lodge	Mental Health resource centre (organic)	10	Also 3 long stay 10 respite
Wayfield Avenue	Mental Health resource centre (functional)	3	Also 1 respite
New Larchwood	Extra Care housing	5/6	
Somerset Point	Sheltered Housing	1 flat	
Sanders House	Sheltered Housing	1 flat	
Craven vale	Older people resource centre	7	Also 7 respite
<b>TOTAL</b>		<b>41</b>	

## Rehab beds i.e. predominantly Health

location	type of provision	number	comment
Newhaven rehab Centre	Community Beds	32	Must be returned to city by March 2010 or shortly afterwards, and currently the lease has been extended on a temporary basis.
Knoll House	Specialist ICS provision	20	
Highgrove nursing home	Independent older people nursing home	16	
Roan	Independent older people residential home	4	Block contract for these beds to finish on 6 <sup>th</sup> October 2010
Caburn	Independent older people residential home	4	Block contract for these beds to finish on 6 <sup>th</sup> October 2010
Craven vale	Older people resource centre	17	
<b>TOTAL inc Newhaven Rehab</b>		<b>93</b>	

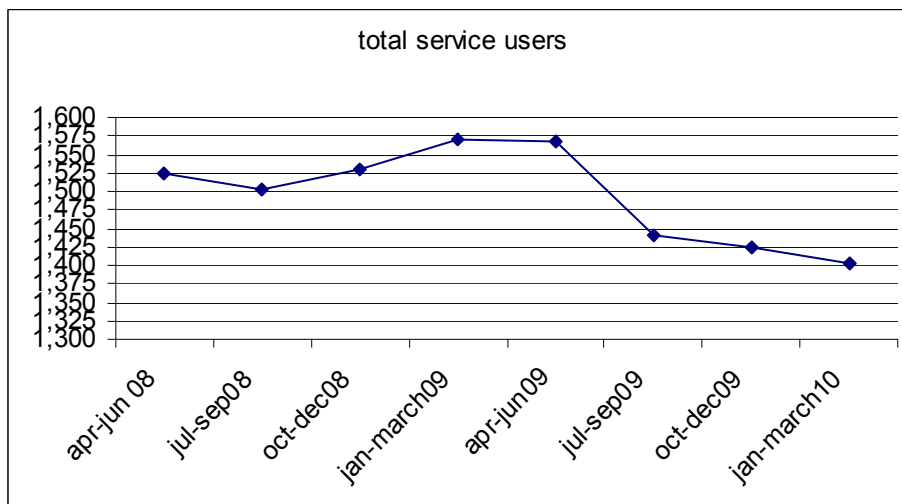
## 5. A snapshot of nursing home places to show those in and out of the city

Date	Total	In the City	Boundary of City	Out of City by Choice	Out of City not by Choice
31/3/2007	429	302	27	57	43
1/10/2007	444	315	30	60	39
31/3/2008	425	298	28	59	40
1/10/2008	419	302	25	52	40
31/3/2009	388	274	21	51	42
1/10/2009	393	287	20	46	40
31/3/2010	362	262	14	36	57

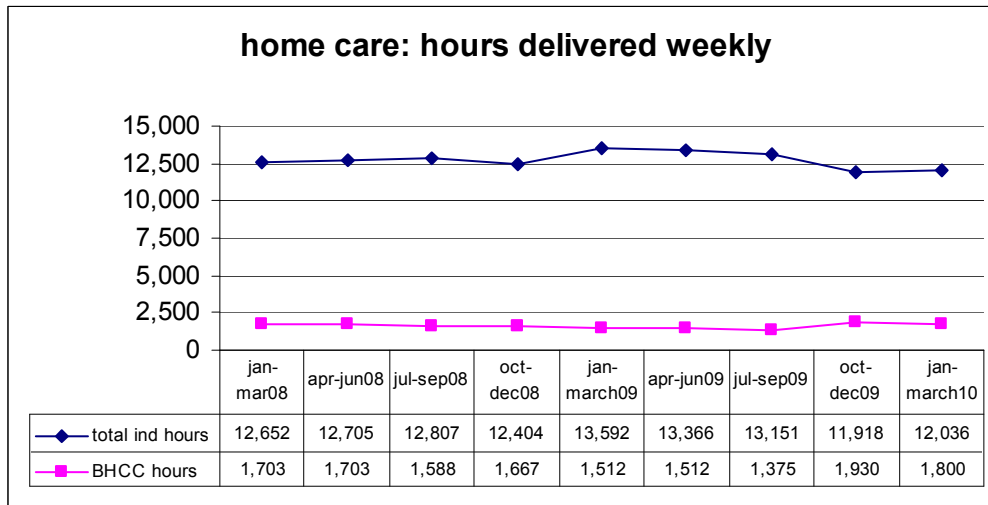
**6. Number of waivers agreed compared with the total number of placements made**

Registration Category of care home	Number of waiver requests	Total number of placements made	% of waivers compared to total placements made
Rest Home	5	41	12%
Nursing Homes	14	32	37.50%
OPMH Rest Homes	5	60	8.33%
OPMH Nursing Homes	6	23	26%
<b>Totals</b>	<b>30</b>	<b>156</b>	<b>19%</b>

**7. Number of People receiving Home Care**



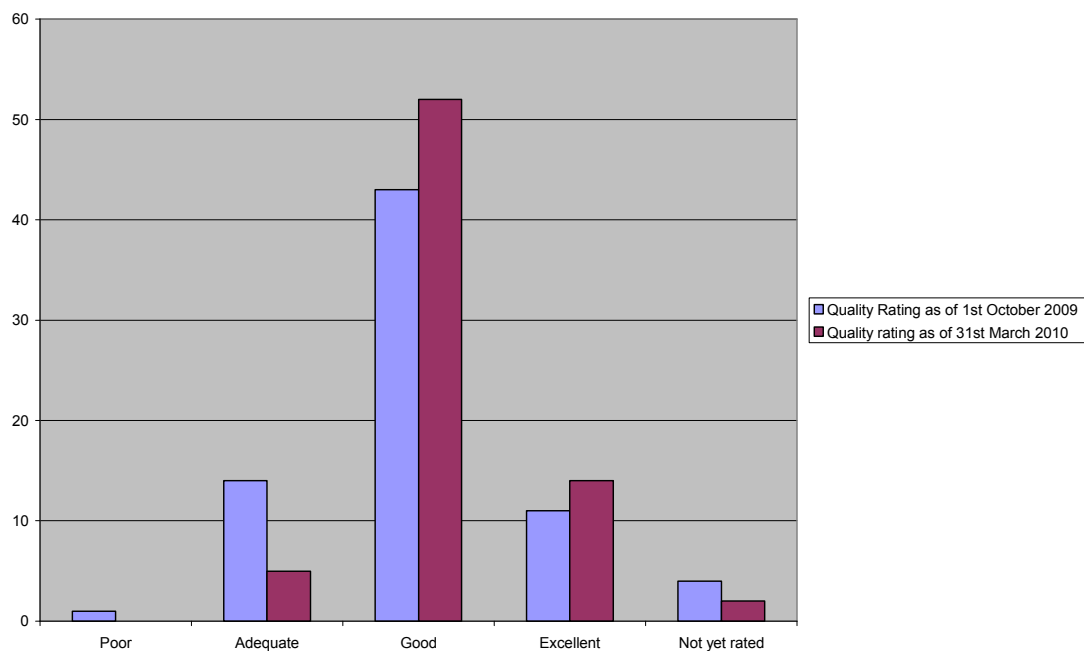
**8. Home Care: Hours delivered weekly**



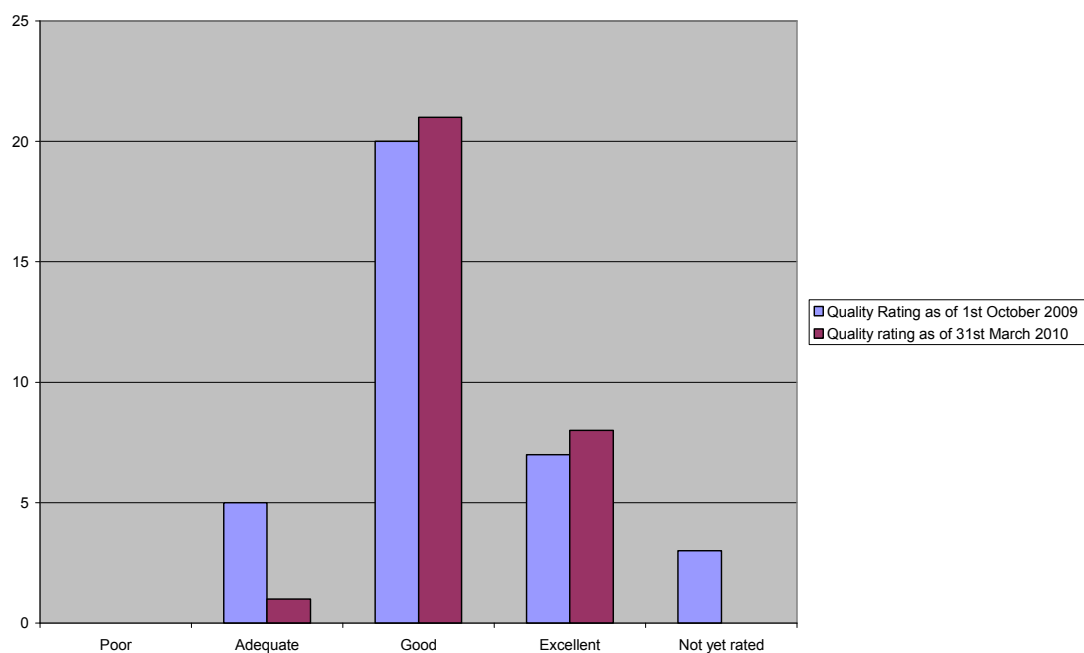
**9. Care Homes: Number of Desk Top reviews completed and resulting follow up actions from October 2009 to April 2010**

Registration category of care home	Number of care homes	Number of Desk Top Reviews completed	Number of positive letters sent	Number of letters sent requesting evidence of compliance	Number of contract reviews held	Number of focused audits held
Rest home	30	14	6	5	1	3
OPMH rest home	8	4	2	0	1	1
Nursing home	26	8	4	1	1	2
OPMH nursing home	3	1	0	0	0	1

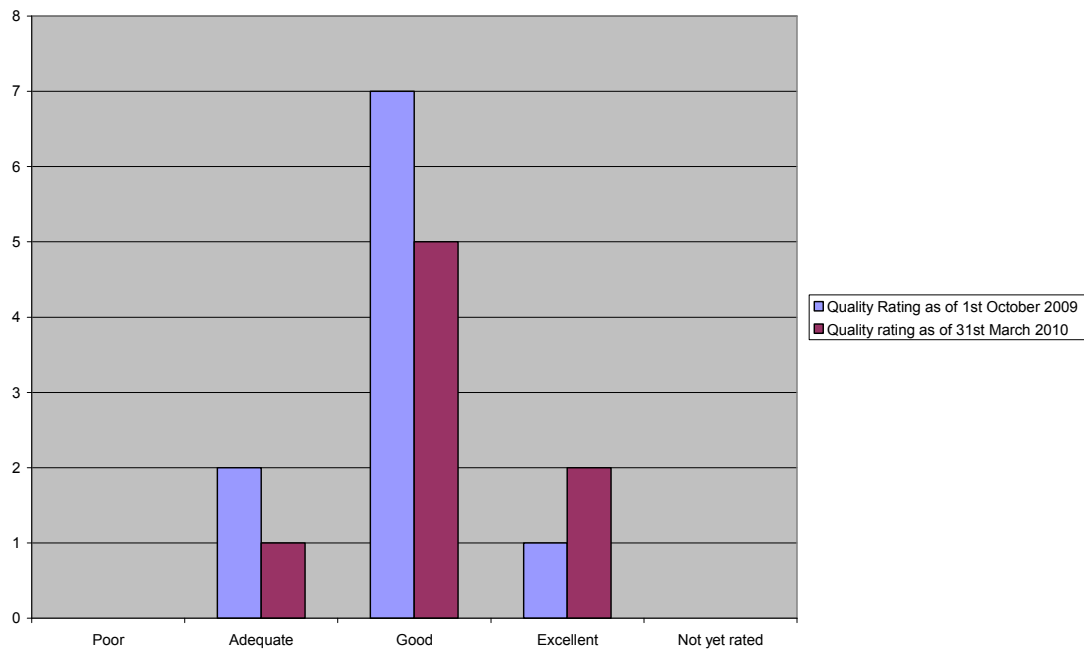
### 10. Trends in the overall quality of care homes from October 2009 to April 2010



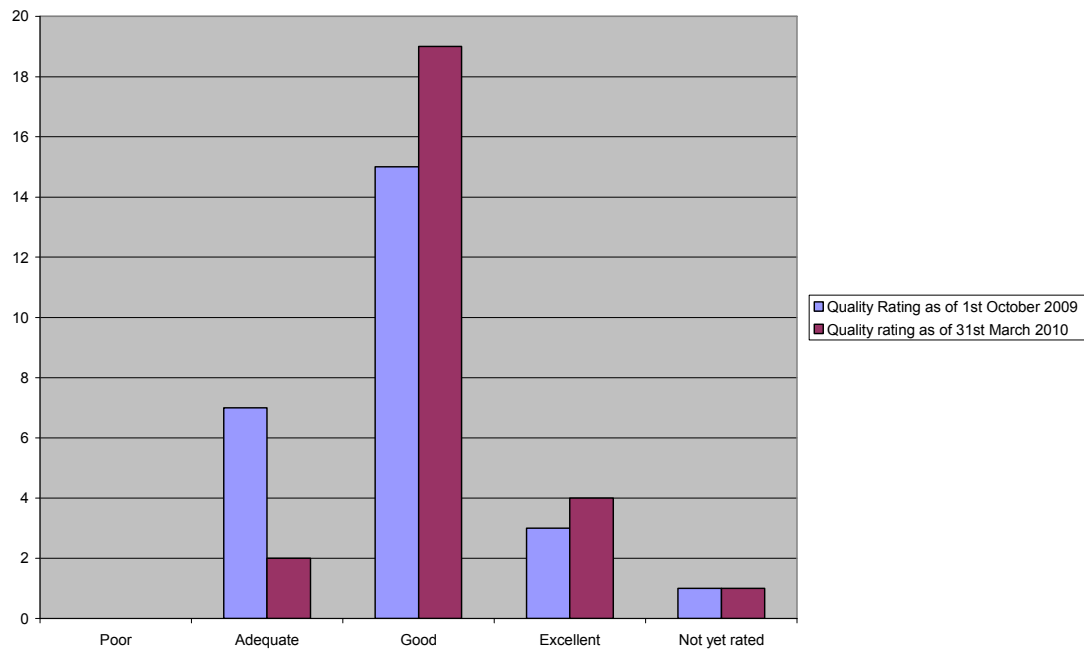
### 11. Quality trends in residential homes (30)



## 12. Quality trends in OPMH residential homes (8)

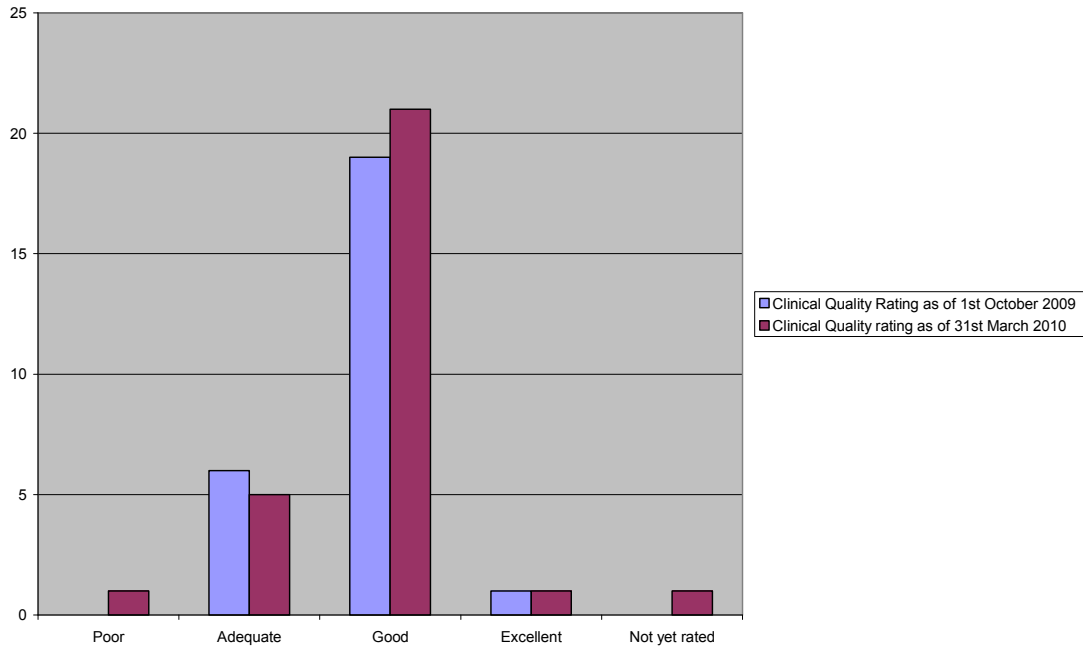


## 13. Quality trends in nursing homes (26)

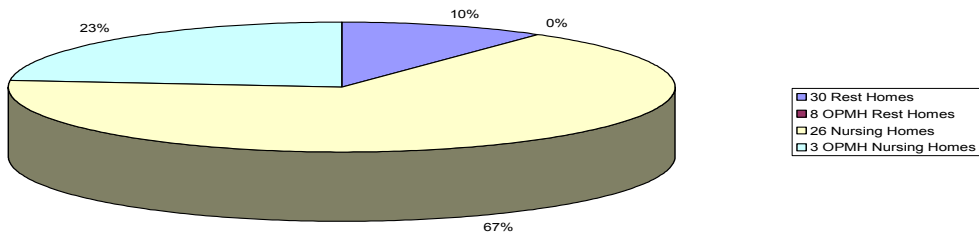




**14. Trends in the Clinical Quality of nursing homes and OPMH nursing homes from October 2009 to April 2010**



**15. Number of alerts received by the Contracts Unit for categories of care homes**



**16. Incidents and complaints reported from Service Users who receive Home Care**

There have been 18 incidents/complaints reported to the Contract Unit in the six months October 2009 to March 2010. They have been spread across 6 of our 10 main providers. The issues in summary have been:

<b>Issue</b>	<b>Frequency</b>
Missed calls or late calls	<b>3</b>
Poor communication with office	<b>3</b>
Medication not administered	<b>1</b>
Poor quality care	<b>2</b>
Poor continuity	<b>2</b>
Provider not responding to phone calls	<b>3</b>
Possibly not following entry procedure	<b>1</b>
Miscellaneous	<b>3</b>
<b>Total</b>	<b>18</b>

**17. Levels of safeguarding investigations for Home Care**

<b>Level Of Investigation</b>	<b>Number of Investigations carried out</b>
Level One	10
Level Two	3
Level Three	4
Level Four	

**Documents In Members' Rooms**

1. None.

**Background Documents**

1. None