ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING	Agenda Item 55
	Brighton & Hove City Council

Subject:	Contract Unit Performance and Monitoring of Older People's Services, 1st April to 31st December 2010
Date of Meeting:	14th March 2011
Report of:	The Director of Adult Social Services and Lead Commissioner People
Contact Officer: Name:	Ambrose Page Tel: 295341
E-mail:	Ambrose.page@brighton-hove.gov.uk
Wards Affected: 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 1st April to 31st December 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 regular basis. The next report will cover the period 1st January 2011 to 30th September 2011.

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 OP care homes and beds available in the city has remained unchanged since. However, a new OPMH nursing home has opened providing an additional 37 beds (See Appendix 1: Breakdown of OP and OPMH long stay care home places 31st December 2010.

3.2 Overview of care homes with nursing
- Nursing homes provide 24 hour nursing care for the most vulnerable older people. Though the trend since April 2008 has been for a gradual reduction in the number of new long term placements, within the current reporting period this trend has reversed with an additional 74 long term placements. However because the period covered by this report is nine months, instead of the previous six, the actual percentage increase is 10.81 per cent. Breaking this down into OP and OPMH admissions, whilst

there has been an increase of 12.22 per cent in new OP nursing home placements, this is less for OPMH nursing home placements where the increase is 8.31 per cent. (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. Unlike nursing homes, the trend regarding new long term placements into residential care homes has remained the same in comparison with the previous reporting period of 1st October 2009 until 31st March 2010. Whilst there have been 51 additional placements in this period compared with the previous reporting period, because this reporting period is nine months, instead of the original six, there is no percentage increase. Breaking this down into OP and OPMH admissions, however, there has been a 17.76 percent increase in OP residential admissions, but a 22.22 per cent decrease in OPMH residential care home ones (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 19 in OPMH services.

3.4 Short stay Intermediate Care and Reablement services

- There continues to be an emphasis on short stay rehabilitation and reablement services. When consulted many older people say that they want to remain independent for as long as possible. Though the Intermediate Care Beds at Roan, and Caburn House Residential Care Homes came to an end in October 2010, this was part of the Primary Care Trust's plans to rationalise the way such services are delivered throughout the City (see Appendix 4: Short term beds).

3.5 Out of area care home placements

- As there is a lack of capacity in the nursing home market the council also contracts with providers outside the city. Currently there are about 71 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). This figure represents an increase from the previous report, though this may be partly attributed to the ongoing suspension of new placements in one of the in City older people nursing homes due to concerns there, and consequently needing to place more people out of the City instead. With the opening of the new OPMH nursing home, it is envisaged that the number of people placed outside of the City who require this category of care will decrease.

3.6. Reflections on care home performance information

- No single reason can be attributed to the increase in new placements to OP nursing homes, OPMH nursing homes and OP residential care homes.
- However, there have been nine waivers agreed in the reporting period where residents who were previously self funding, have experienced a

depletion in their assets, making them eligible for council funding. Waivers have had to be agreed as the care homes in question would not accept the local authority set rate. This figure suggests that there may be other cases in this category coming through the system, but which do not come through as a waiver, since in these instances the care homes have accepted the local authority set rate.

- The increase in these placements may be budget led, in view of it being more expensive to maintain people at home, or maybe the Council has supported more people in the community for longer, with this no longer being sustainable for a cohort of these people.
- Regarding the increase in OPMH nursing home placements, this is in part attributed to a growth in OPMH nursing home capacity within the City, allowing a backlog of those service users who have been waiting for long term in City placements, especially in the acute wards, to be thus accommodated.
- Additionally the increase in OPMH nursing home placements could be because service users are now maintained at home longer, because of the availability of more robust community support; but because their needs are more acute at the point they require long term care, an OPMH residential care home is no longer able to meet their needs. This may also account for the reduction in OPMH residential care home placements.
- Regarding the reduction in OPMH residential care home placements, this could also be attributed to a greater degree of Care Quality Commission (CQC) flexibility around registration categories, allowing service users who might historically have been placed or transferred to OPMH care homes, now being maintained within mainstream settings.
- Another factor informing these trends may be the role of the Psychiatric Liaison Nurse who supports OP care homes to maintain residents with mental health needs such as dementia within their setting, thus avoiding or delaying admission to OPMH care homes.
- Clearly these trends need further exploration, so systems will be developed to capture future placement patterns so as to inform subsequent reports.

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.
- Within the reporting period there have been a total of 29 waivers which constitutes 8.35 per cent of all placements made, which is a significant reduction from the previous reporting period. Appendix 6 provides a breakdown of these figures as they apply to each type of care home.
- There have been a higher percentage of waivers for nursing homes and OPMH residential care homes. However, the percentage of nursing home waivers, when compared with the previous reporting period, has decreased dramatically, since it was previously 37.50 per cent of all placements made. There has also been a similar trend for OPMH nursing home waivers which in the previous reporting period were 26 per cent of

the total number of placements made. The latter may be due to the increase in OPMH nursing home capacity in the City.

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 nine months; it has gone from 1403 to 1352, a reduction of approx 4%. In the previous reporting period the reduction in service user numbers was approximately 9%. 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 nine 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 have completed the process of re-registering with CQC.
- The early part of December 2010 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.
- Following agreement at the Personalisation Board that the Outcome Based Commissioning (OBC) Home Care model will be rolled out to all providers a two day training programme was arranged in October 2010. This was attended by the training representatives from each provider with the intention that they will cascade the training to their teams.
- Further training will arranged for staff in assessment teams to ensure that the approach is carefully monitored and this will enable people who are receiving a home care package to have greater autonomy and a more flexible service.
- The process of banking hours to provide a more flexible service has proved to be difficult and labour intensive for providers, it also caused some difficulties for the invoicing and payments process.This has proved to be a barrier in the roll out of the Outcome Based Home Care model. However with the imminent introduction of the Electronic Care Monitoring System it is anticipated that this issue will be resolved and Providers will be expected to take on this model once ECMS is in place later in 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. Although there continues to be a downward trend in numbers the rate of decline is less.

- 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.
- It is envisaged that reablement will feature as part of the 2102 home care contract.

MONITORING
Monitoring in Care Homes
3.12 Monitoring by the SCCU within the reporting period
- In the reporting period the Social Care Contracts Unit (SCCU) has continued to undertake desk top reviews (DTR) on 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 was then risk rated. This determined 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 would either be written to, seeking confirmation that they have met any outstanding requirements, or would receive a contract review visit.
- In total 9 DTR's were completed in this period, the outcomes of which are detailed in Appendix 9. In this respect one nursing home in the City required ongoing and intensive monitoring (and still does), on a weekly basis in order to maintain a regular presence as a way of scrutinising quality standards.
- Aligned to this is the role of the Clinical Quality Review Nurse (CQRN) who is employed by NHS Brighton & Hove and whose role it is to undertake a clinical audit on all in City nursing homes. The CQRN routinely undertakes these visits, and throughout the reporting period there has been a marginal variation in clinical quality (See Appendix 10).
- The views of service users using care home services continue to be sought through the review of those service users living in care homes, and 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.
- Social care assessors also comment positively both on the quality of services being provided and on whether or not the service user is receiving good outcomes as outlined in their care plans.

3.13 Current changes in monitoring arrangements
- Whilst the CQRN will continue to monitor nursing homes in the same way as before, the SCCU needs to adapt its way of monitoring care homes in response to the changes in CQC which took place from October 2010.
- In this respect a Service Provider Profile (SPP) is currently being developed. The SPP will gather all information about the quality and safety of a service provider in one place, enabling the SCCU to assess where risks lie and prompt monitoring activity proportionate to the level of risk. The SPP will replace the existing Desk Top Review process, and will provide a consistent framework across all in City care homes for

monitoring the quality and safety of service provision. The SPP will identify potential issues more quickly, because new information will be added and reviewed regularly. It will also provide a more comprehensive picture of each care home; thereby spotting patterns that may demand attention and may have been missed if only looking at one piece of information. This system will allow the SCCU to make robust judgements about the quality of services, and the action that needs to be taken to address any shortfalls.

- More specifically the SCCU will use the SPP to ;
  - Inform Contract Unit activity
    - o Terminating Contract
    - o Suspension of placements
    - o Full Audit visit to service
    - o Focused Audit visit to service
    - o Preferred provider status
    - o Requirement for specific improvement actions and evidence completed
    - o Recommendations for specific training
  - Inform Commissioners and assessment staff regarding the quality of service provision
  - Inform Safeguarding Adult investigations at Level 3 and 4
  - Share information with CQC in line with protocol
- A key challenge will be how this information can be stored, accessed and analysed to enable a 'live' and dynamic model.
- The Council is in discussions with CQC regarding the implementation of an information sharing protocol and CQC development of a Quality Risk Profile on each provider.
- The Council has implemented a Care Governance Panel and this is now meeting regularly. The panel provides a forum and a developing framework to support systematic monitoring of the quality of social care services within the city, and outside of the city where local people are using services. This includes in house and contracted services. The panel also informs the improvement actions and priorities. The panel is still in a formative stage and future reports will provide more detail on the outcomes from this panel.

3.14 Fairer Contracting

- The changes in CQC have also had an impact on the current framework for Fairer Contracting which will now need reviewing in light of the abolition of the rating system.
- Interim arrangements will need to be put in place pending the development and implementation of a new national quality rating system in 2011.
- In this respect all care homes with existing good and excellent judgements from CQC will be recognised as preferred providers during this period. However, this preferred provider status will be reviewed if either the CQRN subsequently judges any nursing home to be poor or adequate in relation to its clinical care; a CQC Compliance Review identifies major/ moderate issues in the service and imposes compliance/ enforcement action; or the Contract Unit profile of service quality indicates significant concerns about service quality. A review will involve a full desk top analysis of all available information and an audit visit to the service.

- For those care homes whose existing CQC judgement is poor or adequate, they will be able to apply to the SCCU to have their non-preferred status reviewed. To initiate this review providers must evidence that all improvement requirements from the previous CQC inspection have been met; that there are no major/moderate issues and related compliance conditions still outstanding with CQC; and that they are approved providers. The review will include a full desk top analysis of available information and an audit visit to the service, and for nursing homes the CQRN must confirm a clinical rating of good or excellent for the service.
- For those care homes who registered with CQC after quality ratings were terminated, these providers will be able to apply to the SCCU to have their non-preferred status reviewed. To initiate this review, providers must evidence that there are no major/moderate issues and related compliance conditions still outstanding with CQC, and that they are approved providers. The review will include a full desk top analysis of available information and an audit visit to the service, and for nursing homes the CQRN must confirm a clinical rating of good or excellent for the service.
- Decisions on approving a preferred provider will be delegated to the Head of Contracts, who will take account of the views of the Care Governance Panel. Providers who wish to challenge the outcome may appeal to the Director of Adult Social Services.

3.15 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, with 67 in total, including three level 4's.
- There have been 112 recorded alerts altogether, with Appendix 11 giving a breakdown of how these are distributed across the different categories of care homes. The SCCU is closely aligned to the safeguarding process, and also uses information gathered in this respect to inform its monitoring processes, though is mindful that the receipt of alert information is dependent on other teams forwarding these to them. The SCCU will also pick up on any quality standard issues which need following up once the safeguarding process has reached closure.

3.16 Health and Safety Monitoring
- Health and Safety: The Service Level Agreement continues to operate between the SCCU 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, and has assessed the average level of compliance as being 90 per cent throughout the sector. The most prevalent areas of non compliance is providers not having in place a Personal Emergency Evacuation Plan (PEEP), which currently stands at 36.5 of care homes. 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 continued to return 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.

- The majority of care homes are now CHAS compliant, though there are still 16 care homes not accredited, and are now past the deadline of 30th September 2010 in which they had to achieve compliance. In view of this, the SCCU has now written to these providers, offering further assistance, but stipulating that they are in breach of Contract. For those providers who are in the process of making a CHAS application, this will involve the need to review making any further placements should they not achieve compliance by 31st March 2011. For those providers who have not engaged with the SCCU regarding becoming accredited, all further placements will be suspended as from 31st March. If residents are currently placed in those establishments, SCCU will be asking the Health, Safety and Wellbeing Team to do a site visit to review what Health and Safety systems are currently in place.

Monitoring in Home Care
3.17 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 SCCU carried out 10 audits and 8 Contract Reviews in the period April 2010 to December 2010.

- 4 incidents or complaints have been reported to the Contract Unit in the period April 2010 to December 2010 (see Appendix 12 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, Lay Assessors Group have reported on 7 surveys from service users who have an independent provider in the last 9 months. There continues to be high levels of satisfaction.

- There have been 11 cases involving home care staff where there have been Safeguarding Vulnerable Adult Alerts, 7 of which were substantiated. All Safeguarding alerts are monitored and any themes are highlighted and are discussed with the relevant provider (see Appendix 13 for level of investigation for Home Care Services).

3.18 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. Adult Social Care will continue to strive to increase levels of continuity and the introduction of the Electronic Care Monitoring System will provide accurate, transparent reports to monitor this key measure of quality and will assist in driving improvements to this standard.

3.19 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 9 of the 10 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 38 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, though CQC have yet to publish targets for the new vocational qualification that replaces NVQ2. The government NV2 target 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 SCCU in developing a Reablement Resource Book for the trainers within the independent sector organisations and a similar process will be put into place for the OBC.

3.20 Personalisation Developments

- **Reablement:**
- As part of the personalisation process the Approved Home Care Providers completed a trial in the provision of reablement service to service users. Senior carers, management and training staff were trained in the theory of reablement and how to provide a reablement care package for a six week period.
- **Electronic Monitoring system:**
- The procurement process for an Electronic Care Monitoring System (ECMS) was agreed in September 2010. It was decided to bring together the tender process for both ECMS and the Rostering System for the Independence at Home (in-house) home care team to achieve maximum value for money.
- The tender documents were issued via the ESPO framework on 22-10-2010 and responses were received from seven organisations.
- Evaluation, including reference site visits was undertaken by two teams and the tender was awarded subject to contract on 17th December.

However the preferred provider withdrew from the process and the tender has now been awarded, subject to contract, to the second placed bidder.
- Implementation of ECMS will begin in Feb 2011. There is potential to deliver major efficiencies from more accurate invoices with savings made on the difference between contracted hours and actual hours delivered.
- The system will be trialled with two independent providers and the in-house home care service before being rolled out to all the approved providers.

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:
Services referred to in this report involve spend of approximately £43.4 million per annum, of which £16.6 million is funded by client contributions, health and other joint arrangements.

Actions from the 'Personalisation' programme have helped to both reduce the number of clients requiring support and unit costs. The budget strategy for 2011/12 includes further Value for Money savings from Personalisation.

Finance Officer Consulted: Mike Bentley
Date: 15th February 2011

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
Date: 16th February 2011

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 31st December 2010

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	27	7
Brighton & Hove City Council resource centre	0	19	0 Note Craven Vale is short stay care only	2	n/a	n/a
Care home with nursing	669	163	25	5	16	2
Totals	**1348**	**374**	**55**	**15**	**43**	**9**

2. Number of new nursing home places
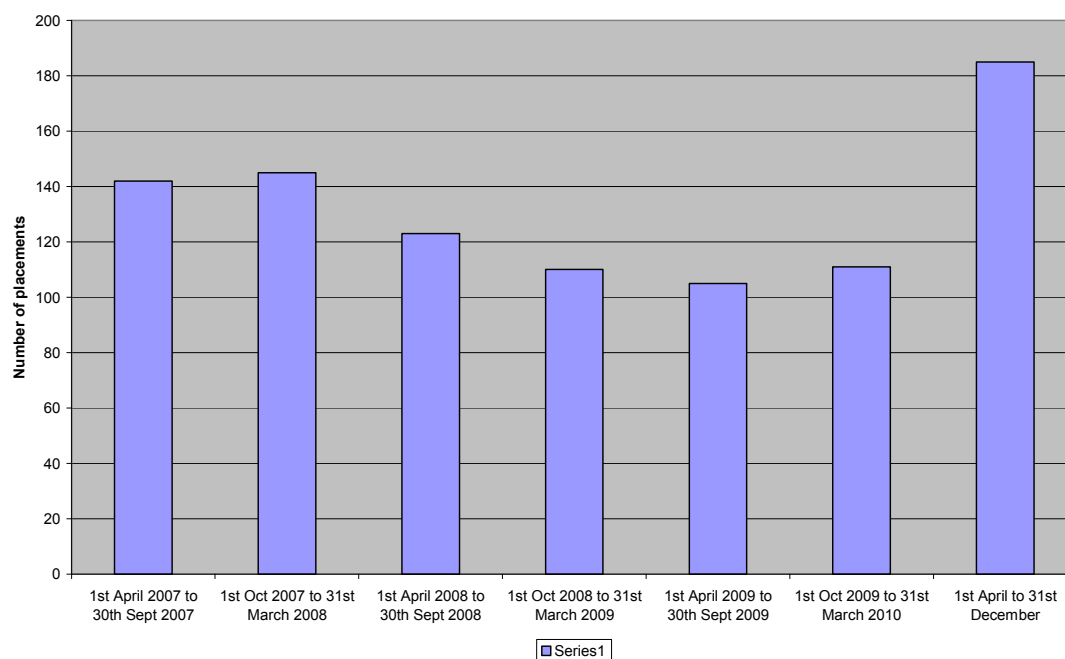
3. Number of new residential home places
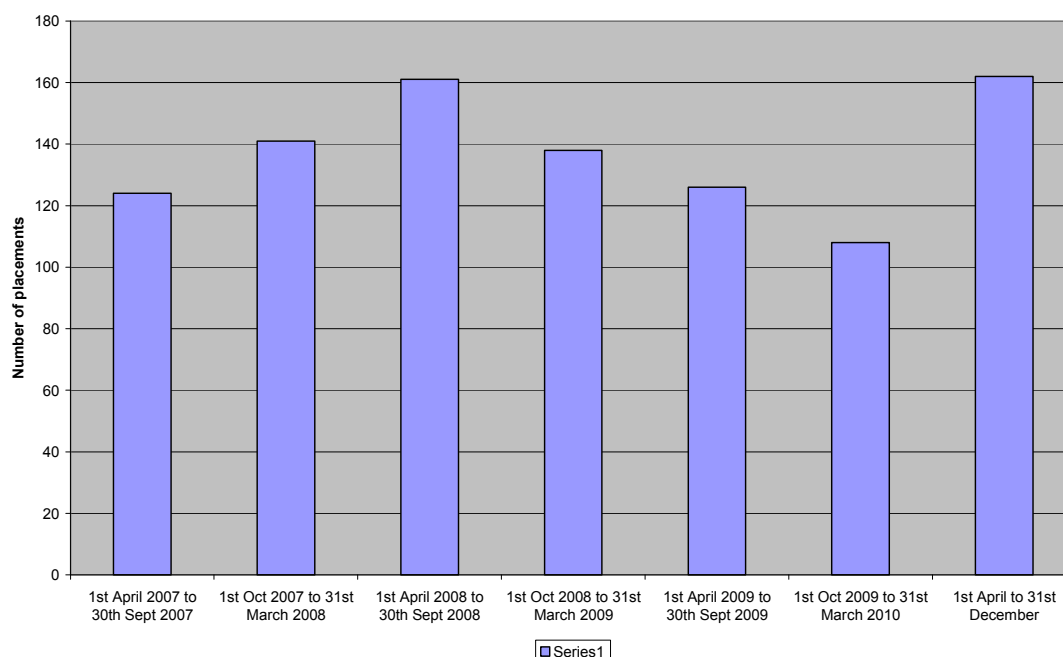
4. Short term beds

Location	Type of provision	Type of facility	Number of beds
Glentworth nursing home	Independent older people nursing home	Transitional beds	7
Sycamore nursing home	Independent older people nursing home	Transitional beds	7
Ireland Lodge	Mental Health resource centre (organic)	Transitional beds	10
		Respite beds	11
Wayfield Avenue	Mental Health resource centre (functional)	Respite beds	5
Somerset Point	Sheltered Housing	Re-ablement flats	1
Sanders House	Sheltered Housing	Re-ablement flats	1
Craven vale	Older people resource centre	Transitional beds	7
		Respite	7
TOTAL			56

Rehab beds i.e. predominantly Health

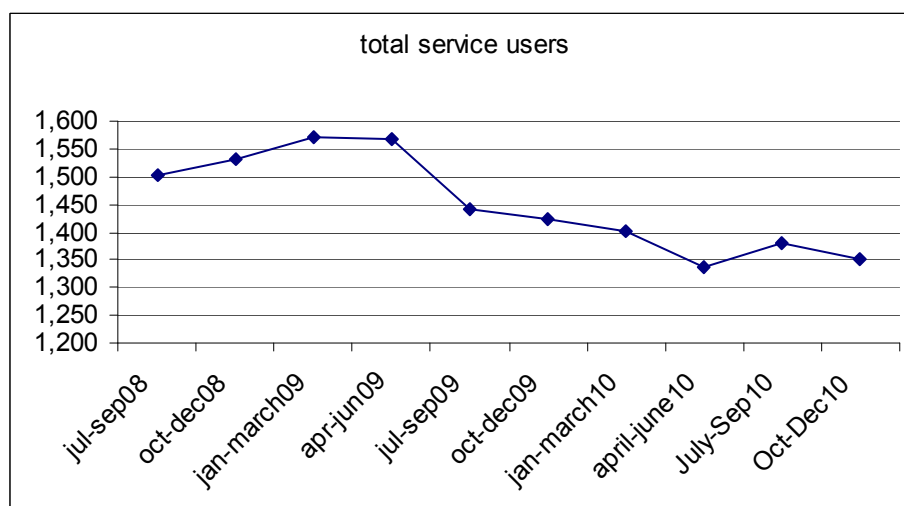| Location	Type of provision	Number
Newhaven rehab Centre	Community Beds	32
Knoll House	Specialist ICS provision	20
Highgrove nursing home	Independent older people nursing home	16
Craven vale	Older people resource centre	17
Total		85

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

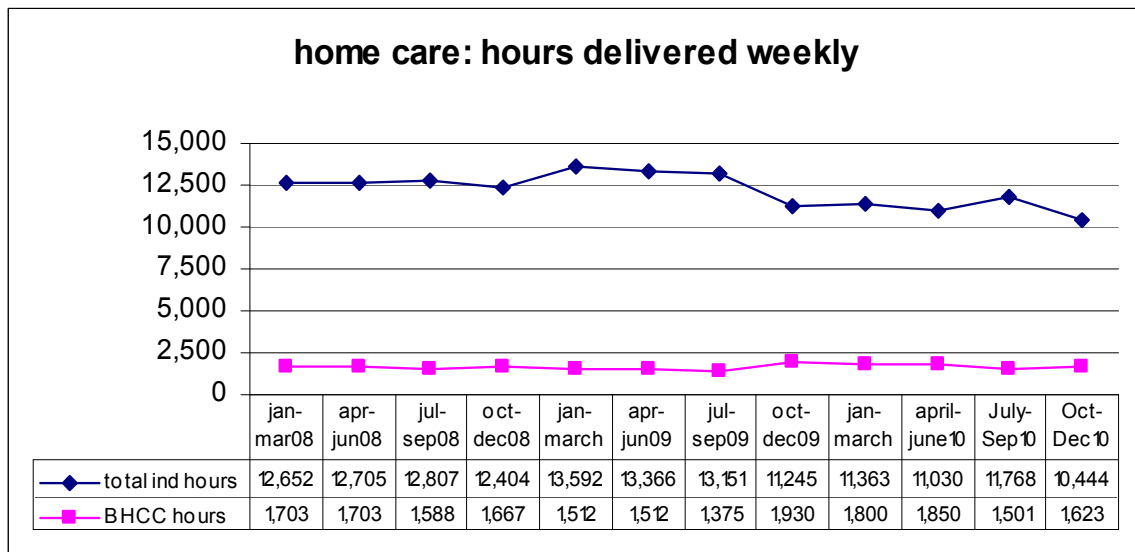| Date	Total	In the City	Boundary of City	Out of City by Choice	Out of City not by Choice
31/3/2007	429	302	27	57	43
1/10/2007	444	315	30	60	39
31/3/2008	425	298	28	59	40
1/10/2008	419	302	25	52	40
31/3/2009	388	274	21	51	42
1/10/2009	393	287	20	46	40
31/3/2010	362	262	14	36	57
31/12/2010	351	243	12	25	71

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 new placements made	% of waivers compared to total placements made
Rest Home	5	106	4.71
Nursing Homes	14	133	10.52
OPMH Rest Homes	6	56	10.71
OPMH Nursing Homes	4	52	7.69
Totals	**29**	**347**	**8.35**

7. Number of People receiving Home Care

8. Home Care: Hours delivered weekly

home care: hours delivered weekly

|	jan-mar08	apr-jun08	jul-sep08	oct-dec08	jan-march	apr-jun09	jul-sep09	oct-dec09	jan-march	april-june10	July-Sep10	Oct-Dec10
total ind hours	12,652	12,705	12,807	12,404	13,592	13,366	13,151	11,245	11,363	11,030	11,768	10,444
BHCC hours	1,703	1,703	1,588	1,667	1,512	1,512	1,375	1,930	1,800	1,850	1,501	1,623

9. Care Homes: Number of Desk Top reviews completed and resulting follow up actions

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	Number of homes where continuous monitoring is required
Rest home	30	3	0	1	0	2	0
OPMH rest home	8	0	0	0	0	0	0
Nursing home	26	5	1	2	0	1	1
OPMH nursing home	3	1	0	0	0	1	0

10. Trends in the Clinical Quality of nursing homes and OPMH nursing homes
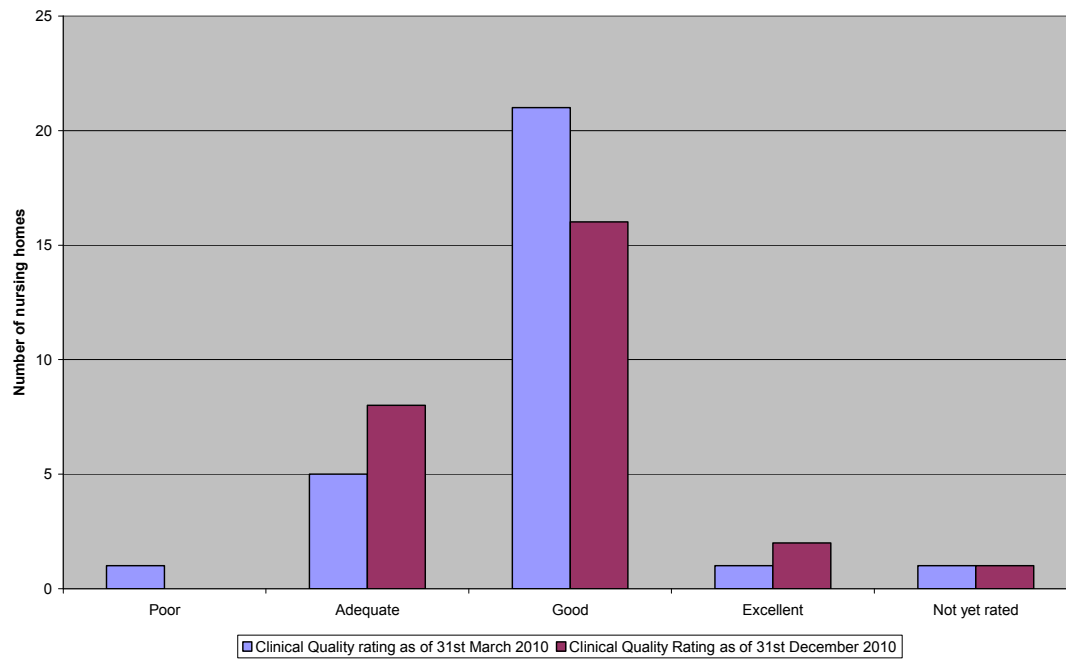
11. Number of alerts received by the SCCU for categories of care homes
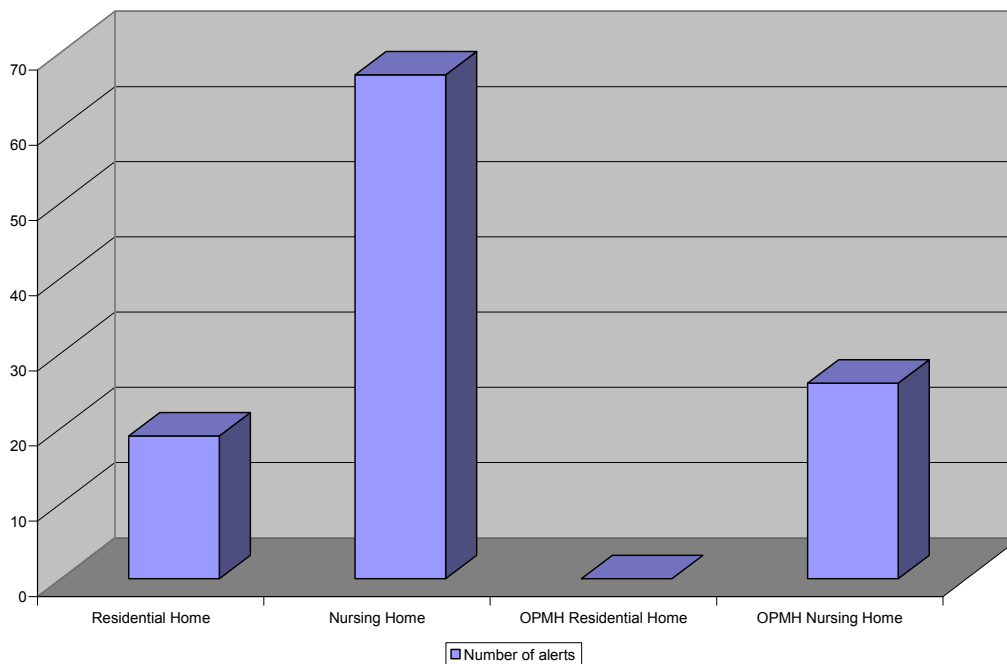
12. **Incidents and complaints reported from Service Users who receive Home Care**

There have been 4 incidents/complaints reported to the Contract Unit in the nine months April 2010 to December 2010. They have been spread across 4 of our 10 main providers. The issues in summary have been:

Issue	Frequency
Missed calls or late calls	1
Poor communication with office	1
Failure to maintain confidentiality	1
Poor quality care	1
Total	**4**

13. Levels of safeguarding investigations for Home Care

Level Of Investigation	Number of Investigations carried out
Level One	8
Level Two	1
Level Three	2
Level Four	0

Documents In Members' Rooms

1.   N/A

Background Documents
1. None