

Quality Monitoring Report Care Governance Board

Reporting period (01 January- March-31st 2016)

Q1	Q2	Q3	Q4
----	----	----	----



Adult Social Care

Commissioning and Performance Team

Marnie Naylor: Quality Lead

Jess Harper: Engagement Lead

Introduction

This report provides the Care Governance Board with an overview of quality monitoring activity carried out within the Commissioning & Performance Team (**CPT**) and to report on joint working with Clinical Commissioning Group (**CCG**) /Care Quality Commission (**CQC**). The report highlights the key quality themes identified in the care market and to give feedback on how these are being addressed

The report is in nine sections:

- Section: 1. to report on the total number of places/services contracted (including Council run services)
- Section: 2. to report on Key quality themes identified from the quality monitoring reports (including Safeguarding) and how these are being addressed
- Section: 3. to report on quality monitoring visits undertaken during each quarter
- Section: 4. to give an overview of service user feedback
- Section: 5. to report on the health and safety audits undertaken by the Lead Health and Safety Business partner
- Section: 6. to state the number and type of services currently suspended
- Section: 7. to report on the current monitoring activity of the Service Improvement Panel (SIP)
- Section: 8. to update on other key themes and general activity
- Section: 9. to update on CQC inspection methodology each quarter (**Q4** also end of year breakdown)
- Appendix: 1. In-House Services summary of Activity

Glossary of Terms	
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
LD	Learning Disability
ABI	Acquired Brain Injury
PD	Physical Disability
VFM	Value for Money
CPT	Commissioning & Performance Team
H&S	Health & Safety
BHCC	Brighton and Hove City Council
DoLs	Deprivation of Liberty Safeguarding

Section: 1. Current total numbers of places/services contracted including Council provided Care Home, Home Care, Supported Living and Community Support Services.

Table one: Contracted services

Service Type	Q1	Q2	Q3	Q4	Reason for reduction
Independent sector Care homes	106	106	106	106	
Council run Care Homes	8	8	8	8	
Independent sector Home Care Providers on Framework Contract	12	10	10	10	De-registration x2(Q2)
Independent sector Home Care Approved Back up Providers	6	6	6	6	
Council run Home Care Providers	1	1	1	1	
Independent sector Supported Living	20	20	20	19	X1 de-registered Jan 2016 (Q4)
Council run Supported Living	6	6	6	6	
Independent Sector Community Support	18	18	18	18	
Council run Community Support	1	1	1	1	
Total	178	176	176	175	

Update on Care Market:

X 1 Care Home for people with a Learning Disability has left the market deregistration took place 04.02.2016,

Section: 2. Key quality themes identified from the quality monitoring reports including safeguarding

2.1: Quality Improvement Themes Q4 overview

There were a number of key themes identified during the auditing process for Q4 these are highlighted in *table three*:

Recruitment: In-House services: recruitment records not held on site except for one service. Currently Human Resources hold these. The Quality Compliance Manager for these services is looking into this for future arrangements for each service to hold records.

Training Non Attendance: In-House services: This quarter has seen a high level of staff not attending training sessions that have been pre-booked. Learning Disability Services a total of 18 staff did not attend over a period of 12 months in training areas that had been highlighted as required. The Quality Compliance Manager for these services is investigating this further.

Services without Registered Managers: There are a number of services this quarter that do not have registered managers or managers have indicated they are leaving or have left. The Commissioning & Performance team are not always made aware of this, and sometimes this is not known until a visit is required or soft intelligence gathered. Further work required to look at quarterly reporting working closely with **CQC** for data.

Professionals Meetings to address quality issues: This quarter (Q4) three ‘professionals’ meetings have taken place broken down as follows: x1 for Learning Disability (L.D) service not on the contract framework, due to five safeguarding issues being raised in one week; a separate safeguarding meeting also took place. Two separate professionals meetings have taken place to date (Q4) for a service for people with Acquired Brain Injury (ABI specialist service) following major concerns from a quality assurance audit including a significant high number of safeguarding issues.

2.2 Safeguarding (Section 42 enquiries) and Impact of the Care Act:

The Care Act places duty on local authorities to make enquiries, or cause other agencies, such as NHS Trusts to do so, to establish whether action is needed to prevent abuse, harm, neglect, or self-neglect to an adult at risk of harm. The objectives of an enquiry into abuse or neglect are to:

- Establish facts
- Ascertain the adult’s views and wishes
- Assess the needs of the adult for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the adult
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
- Enable the adult to achieve resolution and recovery.

The local authority retains the responsibility for overseeing the enquiry and ensuring that any investigation satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult, and to ensure that such action is taken when necessary.

The Commissioning & Performance Team (CPT) continues to monitor the impact of ‘issues relating to quality’ no longer being dealt with under Section 42 safeguarding enquiries. Members of the Team took part in two safeguarding multidisciplinary meetings: x1 for a Care Home for people with a Learning Disability due to a high level of safeguarding issues identified, and a further safeguarding meeting took place following poor practice reported during staff training (whistleblowing) at a Care Home (without nursing) supporting Learning Disabilities, Physical Disabilities and Sensory impairment.

Table two: number of issues of concern leading to section 42 enquiries

Category	No of Issues of Concern Logged	No of issues that became section 42 enquiries	No remained logged as issues of concern only	Unknown	Notes
Nursing Homes	9	9	0		*x5 raised for 1 individual x4 separate individuals
Care Homes	5	3			
Day Service	0	0	0		
Community Support	0	0	0		
Supported Living	4	4			All for one service
Homecare	15	12			x4 for one service
Total					

*Nursing Home x Five alerts received all dated 25/01/2016, regarding the same perpetrator and inappropriate behaviour. Protective measure was put into place and the perpetrator is in the process of being moved to a more secure setting.

A meeting took place in February between, Commissioning & Performance Team, Head of Safeguarding and the quality lead in Assessment services to discuss how to improve the pathway and communication between teams. It was recognised in the meeting that there had been some improvement in the quality of information coming into the Commissioning & Performance Team since earlier communications late last year. However, there are still gaps in the information that the Commissioning & Performance Team receive in relation to safeguarding activity. Agreed future actions to tackle this are (i) for the Commissioning & Performance Team to continue to communicate clearly the level of information the team needs and the route to share this at all opportunities (ii) to utilise the 'Practise Development' meetings that the Head of Safeguarding facilities with her team of senior social workers to embed the message (iii) to explore how client systems development can support business processes (iv) to undertake some spot checks to demonstrate where there are gaps to help identify patterns.

Table three: Key themes from Section 42 enquiries and quality monitoring visits (Q4)

Key themes (recurrent :previous report/s)	New themes(Q4)
Duty of candour	Supervisions: not always consistently carried out or recorded in some services
Care Plans do not consistently reflect people's diverse needs or consider equality such as: Religious beliefs/ sexual orientation etc. Possibly a problem around equality monitoring	Notifications to CQC: DoLS (deprivation of liberty safeguarding) and Safeguarding not always being highlighted to CQC or Safeguarding to the 'Quality Team' Function. DoLS not being correlated to ascertain intelligence within the Local Authority e.g. how many raised at any one particular Care Home, or no DoLS authorisations being raised etc.
Medication Errors, on-going issues including medications procedures not always being adhered too	Training: Non-attendance high for In-House learning Disability Services.
Recording of controlled drugs	Impact on minimum wage changes taking effect from 01 April 2016 (need to keep a close eye on this, and future U.K living wage changes Sep 2016)
Evidencing of quality assurance both by the care home and by the organisation which runs/owns the care home	Food and Fluid monitoring: not always being recorded consistently, Registered managers requesting more input re Nutrition and Hydration training (common theme CQC inspections)
Value For Money (VFM) e.g. contracts for L.D and Home Care services not always delivering what they should be	Registered managers: Not always made aware registered manager has left or leaving Information exchange not always taking place in handover, so knowledge lost
Behavioural Support Plans (Learning Disability)	Care Quality Assurance in residential settings. CQC reports do not always provide evidence of this. Particular risk for standalone homes.
Staffing levels in particular not using the dependency profile to calculate levels e.g. completing hours required for care needs.	Whistleblowing activity has increased-mainly reported during training sessions provided by council.
Mandatory training- gaps	

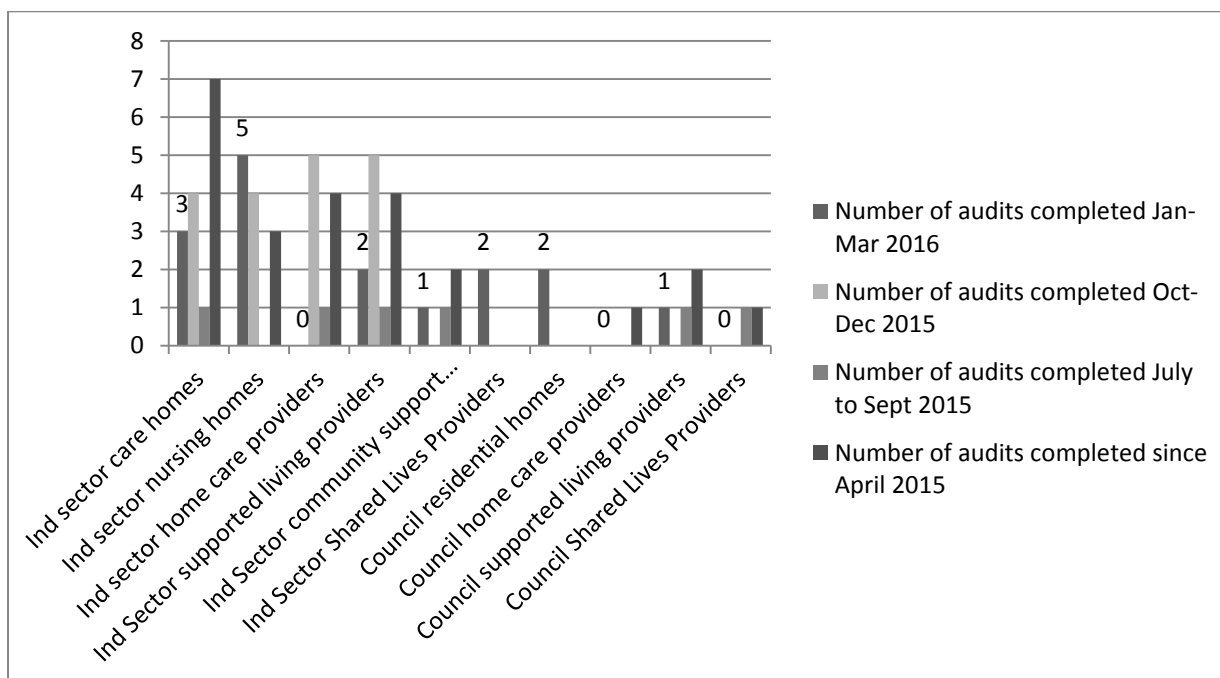
As a result of some of the issues highlighted in *table three* providers have been requested to provide robust action plans to rectify these issues. The Commissioning & Performance Team (CPT) will also consider review visits where required with set timeframes as agreed during the feedback report or subsequent ‘professionals’ meetings taking place if services continue to fail in these areas, are seen (and rated) to be high risk, or receive inadequate CQC ratings. Where the issue is deemed to be a training shortfall this will be shared with workforce development or for services to give CPT reassurance that their own internal training mechanism is fit for purpose and utilised appropriately and all training is recorded using the training matrix. Clinical Commissioning Group (CCG) colleagues have supported services where clinical issues have been highlighted and arranged clinical input/support. Additional/separate action plans may be recorded for this purpose. Some other areas may require on-going monitoring from the ‘quality’ function e.g. poor or non-attendance to training sessions etc.

Recent Whistle blowing raised during a training session was addressed through a multidisciplinary safeguarding meeting. A further professionals meeting took place 13.04.2016.

Section: 3. Number of quality monitoring visits undertaken by the Commissioning and Performance Team between: 01 January -31st March 2016 Total including reviews and joint visits with CCG:

3.1 Number of quality monitoring visits undertaken by the Commissioning & Performance Team between Jan-Mar (Q4) Oct-Dec (Q3), July -September (Q2) and April-June (Q1)

Table four: Quality monitoring visits undertaken



3.2 Breakdown of visits and activity Q4 (Jan-Mar 2016):

Table five: Overall Activity of the Adult Social Care Monitoring Team Q4

Activity	NO.	Reasons
Focussed Audits	7	Part of annual audit cycle/CQC concerns/issues raised through soft intelligence/other
Contract Reviews	2	Contract review audit cycle
Joint Audits (CCG)	4	Nursing Homes CQC concerns re quality
Singular visits	0	
Desk Top Reviews	0	New system still in progress to commence Q1 (April 2016)
Meet & Greet	5	New Manager started, part of induction for team member
Health & Safety	2	CQC /other priorities (3 rd visit postponed due to register manager moving to April).
Review Meeting	1	Follow up monitoring from previous audit/concerns raised about the quality of service
Professionals Meeting	4	X1 L.D non contracted service multiple safeguarding issues. X1 L.D contracted service multiple safeguarding issues. x2 ABI/PD following CQC inspection and quality audit visit
Safeguarding (multidisciplinary)	2	Multiple safeguarding and whistle blowing
Suspensions	2	x1 ABI/PD Community Support Services x1 ABI/PD Care Home
Other: Services serving notice	1	X1 Learning Disability Service supported living due to close April 2016

Section: 4. Sources of service user feedback on the services they are receiving

Healthwatch: The focus of the Enter and View visits this time round has been to evaluate the access to primary care in-reach for people living in local residential services. 5 visits have been completed. The reports for these visits have not been completed to date; this work has been delayed whilst Healthwatch have undergone a staffing re-structure. Healthwatch have recently appointed a new Chief Executive- David Lilley & Evidence and Insight Manager- Dr Roland Marden. We are hoping to be in a position to report on the themes linked to this work by next Care governance board in June.

Impetus Lay Assessors Scheme: Each month Impetus continue to interview a selection of service users from one of the home care providers on the framework contract. Outcomes of those reports are then shared with the relevant provider via the quality team. This quarter Impetus has interviewed 94 people in receipt of care from 5 care providers. The feedback in relation to care quality is reported to be largely good; however there are variations between providers in relation to timeliness, continuity of care and the level of support & communication provided by office staff. These variants are discussed with providers individually as part of monitoring processes.

Section: 5. Number of Health and Safety audits undertaken by the lead Health and Safety Business Partner

A total of **2 H& S audits** were carried out (Q4) between 1st January-31st March 2016. A third visit was planned but postponed by the manager of the service until April. One was undertaken for a Nursing Home, the other for ABI/PD service. A meeting was held on 13th January to update the service level agreement between H&S business partners and the Quality Team, to include prioritising visits from Q1 (April 2016) on-wards. A new system has now been set up to prioritise between 4-6 visits each quarter to be identified by the 'quality' team. These visits will be prioritised through use of gathering soft intelligence and CQC inspections results.

Section: 6. Number of services which are currently suspended because of quality concerns

There are currently two services suspended

- X1 Care Home ABI/PD following Quality Assurance Audit January 2016
- X1 Specialist Community Service ABI/PD following inadequate CQC inspection rating

One Nursing Home had their suspension lifted 16.03.2016 following progress re actions relating to 'inadequate' inspection rating.

Section: 7. Providers currently being actively monitored through the Service Improvement Panel (SIP)

Since 01 January 2016 SIP has monitored **16** separate services, comprising **six** nursing homes, **four** domiciliary community support providers, **five** supported living providers Learning Disabilities and **one** specialist service for Acquired Brain Injury. This was a slight decrease of one from the previous quarter period Q3. These were 16 separate services being monitored. Through monthly scrutiny during the SIP meeting, the new quarter starts with eight services that are being closely monitored.

One L.D supported living services remains on SIP due to serving notice to close; this service will remain on SIP until closure: date to be confirmed.

The reasons that the **16** services were included on SIP are as follows in *table six* with multiple reasons applying to some services:

Table six: SIP inclusions

Type of Service	Reasons for inclusion in SIP				
	Poor CQC rating	Concerns raised by service users/family or visitor	Concerns identified following an audit	Safeguarding concerns	Miscellaneous Reasons*

Nursing Homes	√√	√	√	√√	
Care Homes					
Supported Living	√√		√	√	√
Community Domiciliary Support		√		√√√	

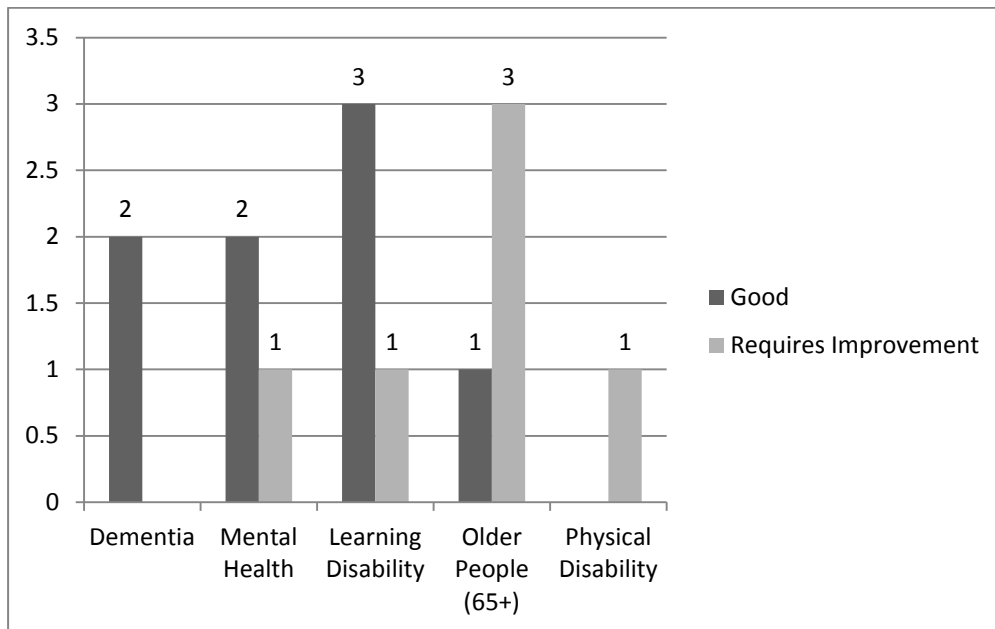
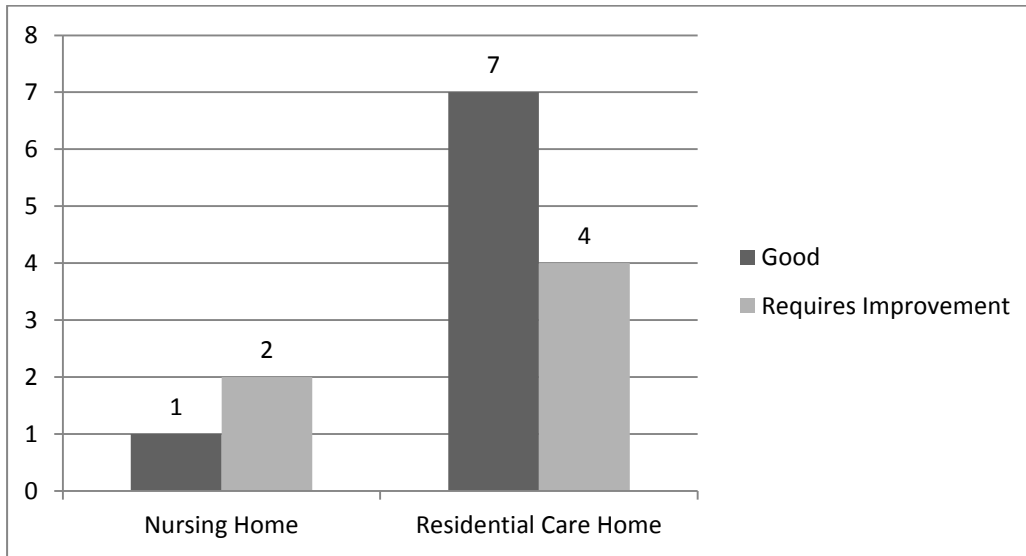
*Miscellaneous reasons included whistleblowing concerns raised during a member of staff during a training session.

Section: 8. Other Key current issues and activity supported by the quality team function and how these are being addressed

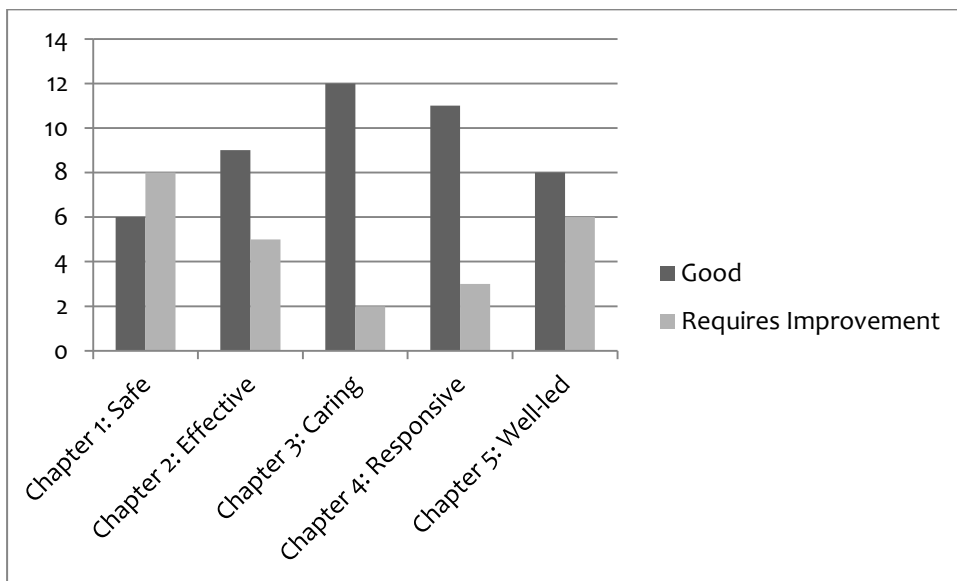
Issues identified	Action in place to address issues	Further actions identified	Comments
Provider Forums	Following a review of the forums, it was decided that the Nursing Home Forum (Lead by CCG) and the Care Home Forum (Lead by BHCC) will be merging to form one meeting. The membership will be open to care homes and nursing homes and three meetings will be scheduled per year; May, September and January. The first meeting will take place on 5 th May. The aim is to link the two forums together to identify training needs and share information.		
Desk Top Reviews	The template for the new desk top review process is already in use. A Commissioning & Support Officer will take overall lead to monitor and ensure at least six are completed on a monthly basis. These will also help form future intelligence and prioritising of visits. The desk top review process can be used across all service types.		
Quality Team new Role following re-structure	Quality Team members have attended key meetings since the new year to promote the role of the team; this included the Adult Social Care Management Team meeting, the Community Learning Disability Team and the Mental Health team meetings in the New Year to explain their role and responsibilities in the new structure. This will include how the quality team can help other teams when identifying quality issues etc.		
Safeguarding	Please see update on page 4		

Section: 9. CQC Inspections in Brighton & Hove: Inspection Activity October-December 2015

Fundamental Standards overall CQC inspection activity summary Q4

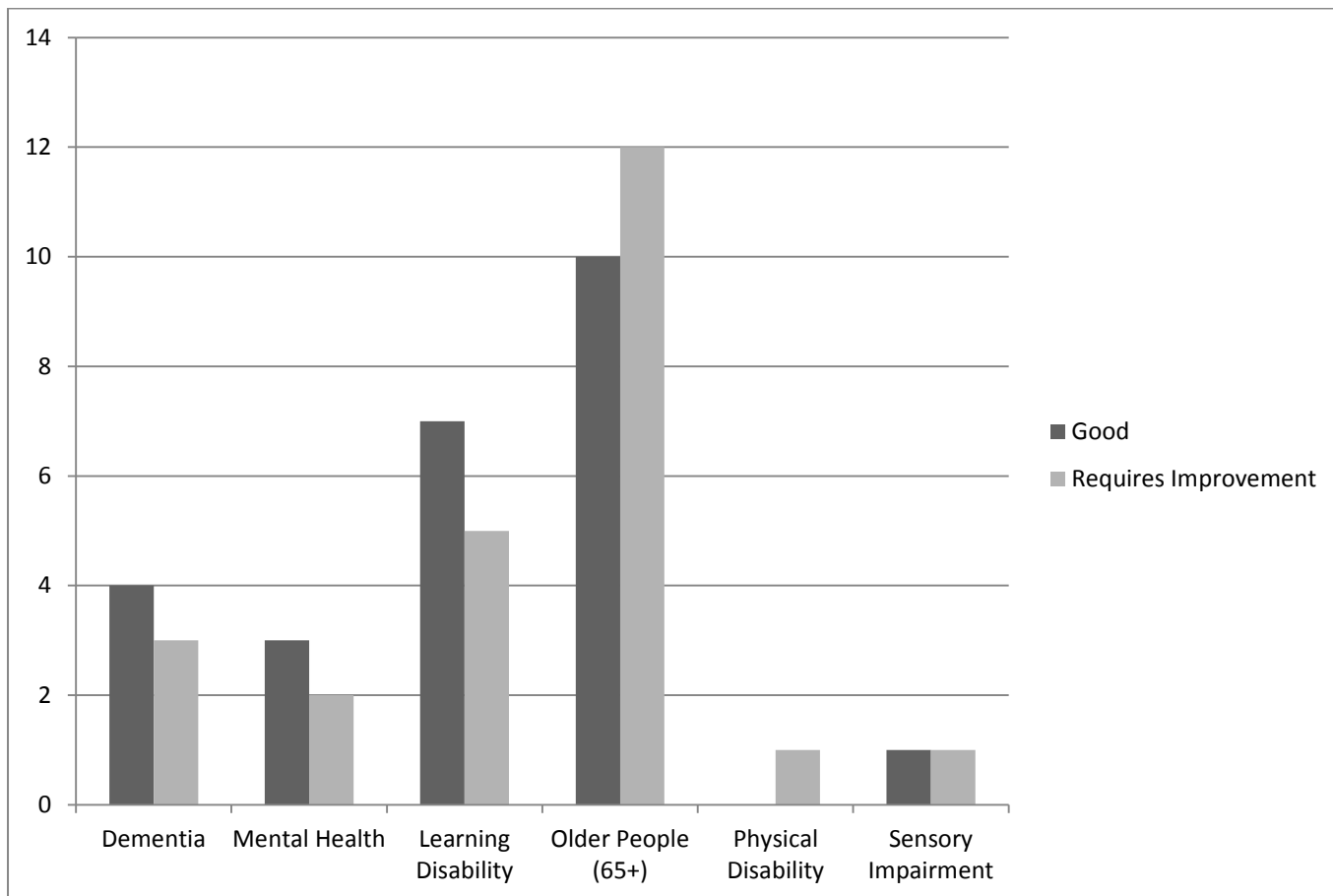


Row Labels	Good	Requires Improvement	Grand Total
Dementia	2		2
Mental Health	2	1	3
Learning Disability	3	1	4
Older People (65+)	1	3	4
Physical Disability		1	1
Grand Total	8	6	14



Overall activity 01 April 2015-31 March 2016 CQC inspections carried out

During the past four quarters a total of 49 CQC inspections were carried out. Overall ratings 25 Good and 24 requires improvement. There were no Outstanding or Inadequate outcomes.



Count of Overall Rating Row Labels	Column Labels		Grand Total
	Good	Requires Improvement	
Dementia	4	3	7
Mental Health	3	2	5
Learning Disability	7	5	12
Older People (65+)	10	12	22
Physical Disability		1	1
Sensory Impairment	1	1	2
Grand Total	25	24	49

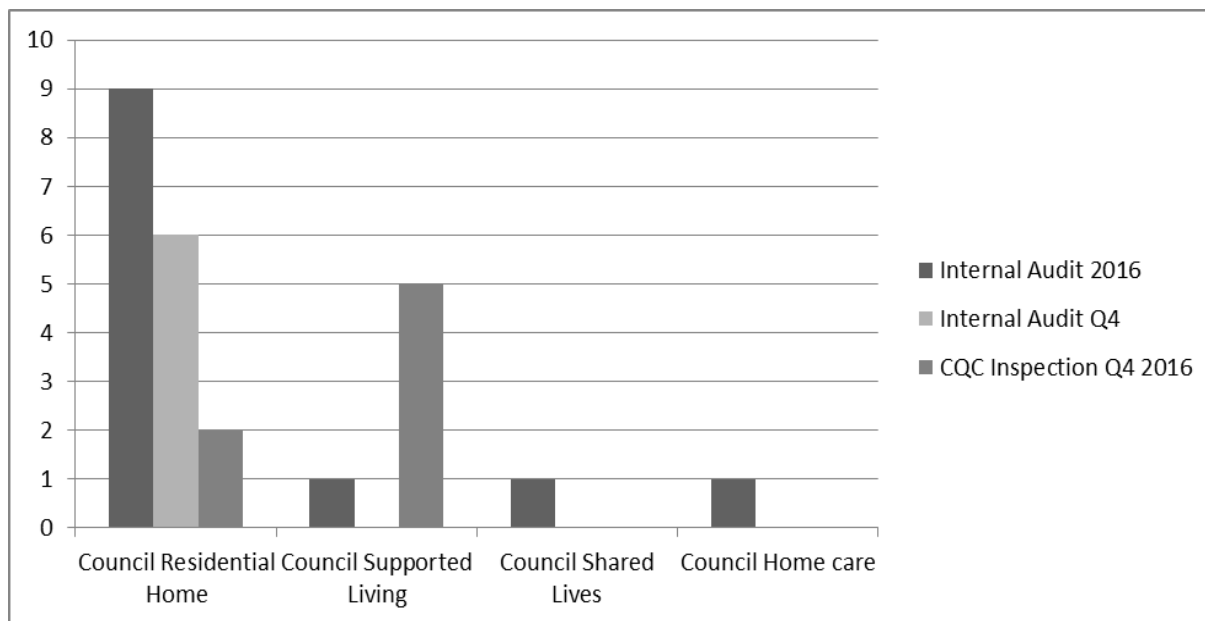
Appendix one:

Summary: In-house services quality period Q4

Care Governance report

Summary in-house services

The below table shows the number of quality monitoring audits undertaken by the Quality, Compliance and Performance Manager between January and March 2016, total number of audit visits undertaken between April 2015 and April 2016 and the total number of Care Quality Commission (CQC) inspections undertaken between January and March.



CQC inspection updates with outcomes

7 Published CQC Inspection reports between January and March 2016.

5 services within Learning Disability Service rated as Good.

1 Short Term Mental Health service rated as Good.

1 Community Short Term Service rated as Requires Improvement.

Monitoring visits by Quality, Compliance and Performance Manager

There have been 6 quality assurance audits completed between January and March 2016.

2 full audits occurred as follow up action to CQC inspections to ensure actions identified as requiring improvement have been completed.

2 spot check visits to audit recruitment records and training records.

2 full audits of Learning Disability residential care homes.

Quality improvement themes identified between January and March 2016:

- Non-attendance to training courses- 14.5% of all training courses booked non-attended amounting to a total of 292 courses.
- Essential training not renewed within identified timeframes required by Brighton and Hove City Council (BHCC).
- Recruitment details for some staff required by CQC not held at service location.
- Supervision frequency not meeting timescales required by BHCC.

Any other issues of concern and key activity

Increase in medication errors – 14 errors in January, 26 February (March statistics unavailable at time of report).