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Progress Update – Review of Care Homes for Older People

SCRUTINY MONITORING – PROGRESS UPDATE	
Review:	Care Homes for Older People
Link Officer/s:	Emma Champley
Action Plan Agreed:	July 2020

Updates on the progress of actions in relation to agreed recommendations from previous scrutiny reviews are required approximately 12 months after the relevant Select Committee has agreed the Action Plan. Progress updates must be detailed, evidencing what has taken place regarding each recommendation – a grade assessing progress should then be given (see end of document for grading explanation). Any evidence on the impact of the actions undertaken should also be recorded for each recommendation.

Recommendation 2:	That the importance of personalised care be promoted through all contacts the Council and partners have with Care Homes; in particular the development and deployment of a varied activities programme tailored to individual needs and co-ordinated by a designated member of staff.
Responsibility:	Yvonne Cheung / Julie Nisbet / Lisa Cummings
Date:	March 2021
Agreed Action:	5) Implement “Henpower” project across identified care homes and evaluate impact with a view to next steps across the entire market. 6) Work with Leisure Services Team to build on the Funky Feet programme across the care home network. 7) Re launch the SID with an accurate and comprehensive database of community activities on offer to all homes. 8) Grow the Activity Coordinator network and links with Tees Active and other partners to share good practice and expertise. 9) Work with stakeholders to develop and share models of care, support and activities which ensure safe social distancing and meet guidelines for Covid-19.
Agreed Success Measure:	<ul style="list-style-type: none"> • Evaluation of Henpower project. • Number of hits on SID post launch and feedback from providers / users as to its benefits. • Provider feedback on activity Network. • PAMMs and CQC Assessment evidence.

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Evidence of Progress (May 2021):	<p>5) HenPower Project started at Mandale House Care Home in 2019 and achieved positive outcomes. It was featured in BBC News and the Alzheimer’s Society website.</p> <p>Roseworth Lodge Care Home and Aspen Gardens Extra Care Sheltered Housing Scheme have signed up, although progress has been postponed due to COVID (both subscriptions have been extended until 2022 to allow them to continue to participate (with continued support from the Council).</p> <p>6) The Funky Feet coordinator met managers at Leadership & Peer Support networks and the Provider Forum which gave care home staff the opportunity to speak to the programme coordinator and arrange a session at their individual care home.</p> <p>Several Care Homes have invited the Funky Feet programme into their care homes to interact with residents.</p> <p>At the start of lockdown, the programme continued virtually. Support for activity coordinators in the care homes allowed them to prepare residents for participation from their own rooms, or in communal areas, owing to social distancing guidelines.</p> <p>7) CMT had decided to include the review of SID in the wider website development project. This project has been delayed due to the COVID pandemic and it is anticipated that it will be completed by the end of the year. It is expected that the relaunch will happen in 2022.</p> <p>8) The first Activity Coordinator Network took place in December 2019 and was attended by 15 care home activity coordinators. Following further discussions with managers, the second Activity Coordinator Network was held in March 2020, in which 28 care home activity coordinators were present.</p> <p>As a direct result of these initial meetings, Coordinators shared email addresses and created an informal network where they could share ideas outside of the formal meetings. Ongoing communications and offer of support from Tees Active and other partners offered in the March 2020 meeting, and any subsequent offers of activity / support emailed to coordinators.</p> <p>9) Updated guidance around all aspects of care home activity was coordinated through the Care Home Protection Operational Group (CHPOG) and communicated to the homes via newsletters and standalone emails containing any new or updated national guidelines or local messages. Any questions around conducting various activities in the home was raised through the CHPOG and the responses provided ASAP.</p> <p>Support was given in the early stages of the pandemic around providing iPads and smartphones into the care homes, to allow extra resources for communicating with family, the community or accessing any virtual activities. Any activities that were deemed suitable for residents while still</p>
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	<p>adhering to guidelines, was shared via newsletters or within the Leadership & Peer Support Network.</p> <p>Care homes also shared ideas of activities they had introduced after risk assessments were completed, that were then shared with other care homes in the network.</p>
<p>Assessment of Progress (May 2021): (include explanation if required)</p>	<p>2 (On-Track)</p>
<p>Evidence of Impact (May 2021):</p>	<p>Mandale House has secured £10k from the Big Lottery Fund to further invest into the project as a direct result of the support from HenPower.</p>
<p>Evidence of Progress (December 2021):</p>	<p>5) HenPower Project continued at Mandale House Care Home.</p> <p>6) At the start of lockdown, the Funky Feet programme continued virtually. Support for activity coordinators in the care homes allowed them to prepare residents for participation from their own rooms, or in communal areas, owing to social distancing guidelines.</p> <p>The Leisure Services Team are now providing CPD training to Activity Coordinators in the care homes, to give them the skills and experience to deliver Funky Feet sessions within their own home.</p> <p>The programme explores how Funky Feet complements/achieves outcomes relating to the Statutory Framework for EYFS. Participants will be provided with the skills to be able to deliver sessions back in their setting. Participants will explore how Funky Feet can be delivered and developed within a setting. Participants will explore how Funky Feet can be adapted to meet the needs of their children/ residents.</p> <p>There are 11 Activity Coordinators booked onto the programme (as of 23.11.21)</p> <p>7) CMT had decided to include the review of SID in the wider website development project. The launch of the new website is scheduled for 28 February 2022. Once the website is live, work will begin on the scope of the SID project and timescales will be agreed at this point.</p> <p>8) The Activity Coordinator Network continued virtually through the pandemic, allowing Activity Coordinators to come together via Microsoft Teams to discuss challenges and solutions.</p> <p>The most recent meeting took place on 17th September and attracted 19 coordinators.</p> <p>From this last meeting, a smaller sub-group was formed of four care home coordinators to discuss issues around encouraging male residents to engage in activities, and about generally encouraging residents to join in,</p>

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	<p>who wouldn't usually participate. Work progressed and outcomes in this sub-group will be discussed back with the main Activity Coordinator Network at future meetings.</p> <p>In between meetings, regular emails containing resources and good practice are circulated to activity coordinators and managers.</p> <p>The next meeting takes place on 7th December.</p> <p>9) The Social Care Protection Operational Group continues to meet every fortnight, bringing stakeholders together to look at how they can support the care homes across Stockton. The multidisciplinary group includes colleagues from Quality Assurance team, Public Health, Transformation Team, Environmental Health, North Tees NHS Trust (Infection Control, and Community Matrons), and People First (Advocacy Service)</p> <p>Newsletters are still being produced and circulated every fortnight, and standalone emails are sent to the providers with relevant updates on a regular basis.</p>
<p>Assessment of Progress (December 2021): (include explanation if required)</p>	<p>5) 3 (Slipped)</p> <p>6) 2 (On-Track)</p> <p>7) 2 (On-Track)</p> <p>8) 2 (On-Track)</p> <p>9) 2 (On-Track)</p>
<p>Evidence of Impact (December 2021):</p>	<p>From discussions with activity coordinators, a wide range of activities, both group and one-to-one have been resumed within the homes, considering current guidance and restrictions. Activities are varied and good practice has been shared and is continuing to be shared across the network.</p>

<p>Recommendation 3:</p>	<p>That the benefits of technology for supporting personalised care are championed and promoted to all care homes in Stockton on Tees; in particular, the deployment of electronic solutions for records and medicine management should be supported by the Council.</p>
<p>Responsibility:</p>	<p>Catherine Buller / Rob Papworth / Gavin Swankie / Melanie Smiles</p>
<p>Date:</p>	<p>March 2022</p>
<p>Agreed Action:</p>	<p>10) Develop a vision for the digital care home with key partners and stakeholders.</p> <p>11) Work with Stockton Council delivered care services to ensure they embrace the opportunities that digital technology can offer.</p>

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	<p>12) Work with stakeholders to identify and deploy digital solutions in response to the restrictions imposed by Covid-19.</p> <p>13) Establish a specification for digital care planning and medication management which can be used to develop the offer across contracted care home providers.</p>
<p>Agreed Success Measure:</p>	<ul style="list-style-type: none"> • Agreed shared vision of the digital care home in Stockton on Tees. • Implementation of a new digital solution into Rosedale and Lanark which supports our ambition for personalised care. • Production of key documents and guidance to support the commissioned market in making informed decisions on electronic care planning and medication management.
<p>Evidence of Progress (May 2021):</p>	<p>10) The Council has worked collaboratively with Tees CCG to develop a short-term strategy to deliver positive outcomes for residents through the deployment of digital solutions across care homes in Stockton on Tees. A group was established in July 2021 (Stockton digital care homes group) has focussed on implementing:</p> <ul style="list-style-type: none"> • <u>Digital connectivity solutions</u>: NHS Mail and Data Security and Protection Toolkit; • <u>Information sharing</u>: Deployment of capacity Tracker across all homes; and • <u>Medication Management</u>: Introduction of proxy access for Medication. <p>11) Provider engagement sessions were completed in February 2020 to engage with providers on the potential for a digital care home and how this could best be achieved. To support this, several digital solutions have been promoted in the Leadership and Peer support network meetings with providers of electronic solutions (e.g., Person Centred software and Media Base Direct) demonstrating and engaged providers with their products including electronic care planning, e reception and medication management.</p> <p>12) There has been significant work since March with partners and provider stakeholder to maximise the opportunities of digital technology to support service users care throughout the pandemic. These include:</p> <p><u>Professional engagement and communication</u>: The Council introduced the “Hub”, a TEAMS based information sharing and peer support networking platform for care home managers. It includes areas for people to collaborate and includes NHS services, Tees Training Alliance, Oral Health Team, dementia, DOLS and safeguarding. Click to the introductory video is attached for information:</p> <p>GP’s are also beginning to use digital technology for consultations, but this is not yet standardised. There are further opportunities to use the technology for face-to-face consultations with Acute/Community services and Outpatients to reduce the requirement to transfer people unnecessarily.</p>

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	<p><u>Resident communication:</u> All Home allocated an NHSX iPad to allow residents to talk and see family members. Further, funding was secured for 70 Mobile phones that were given to Care Homes to support connectivity for residents with family and friends, 22 further tablets provided by the Teesside Family Foundation and Catalyst provided Train the trainer support to 5 Care Homes to support residents to access digital technology.</p> <p><u>Health and Care support:</u> All care homes in Stockton on Tees have access to and use the Whizan NEWS solution (National Early Warning score) that allows them to take some clinical reading and log them electronically for health to see and improve diagnosis and health support for residents in care homes. Not only has this continued throughout the pandemic, the number of care homes utilising National Early Warning Score (NEWS) observations has increased significantly, which has helped staff identify a deteriorating person and liaise with health colleagues as required to deliver the best possible care and prevent avoidable hospital admissions.</p> <p>100% of all care homes in Stockton now have a generic NHS email address, that allows them to share information with health of residents directly, and will underpin the deployment of further electronic health solutions including receiving hospital discharge information, proxy ordering of medication and proxy access to primary care clinical notes.</p> <p>13) Although there have been discussions with providers of electronic solutions at the leadership and Peer Support Groups, this has not yet resulted in a specification for what the Council and partners would see as essential criteria for digital solutions for care planning and medication. This will require further work and engagement.</p>
<p>Assessment of Progress (May 2021): (include explanation if required)</p>	<p>2 (On-Track)</p>
<p>Evidence of Impact (May 2021):</p>	<p>With respect to Whizan NEWS solution, we had originally asked care homes to record a NEWS observation once a day for each person to achieve 100% NEWS target for residents. In March 2020 the NEWS score per bed was 57(%) meaning each resident was having observations once every 2 days as opposed to 1. In February 2021 through ongoing support from the Training Alliance and officers in the Council the NEWS score per bed had increased to 255% meaning each resident is having their NEWS score taken 2-3 times per day in care homes.</p>
<p>Evidence of Progress (December 2021):</p>	<p>10) The Council continues to work collaboratively with Tees CCG to implement the short-term goals to deliver positive outcomes for residents through the deployment of digital solutions across care homes in Stockton on Tees including NHS Mail, DTSP and Proxy Medication.</p>

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	<p>Further to this, the Council has outlined its proposed digital priorities for 2022/23 with the OP Care sector and will engage with internal and external stakeholders to ensure these “enablers” support the wider priorities. We are also part of the new NE ADASS Regional technology Network which will allow greater sharing of good practice and joint working across LAs.</p> <p>11) Currently, 16 of our 31 Older Persons Care Homes have implemented Electronic care planning and a further 5 have plans to do so in the coming months. All CQC registered social care providers will be required to have Electronic care planning solutions in place with the ability to be interoperable with this record by 2024. To ensure that homes software is compatible and able to meet this standard, we will be completing a digital survey in early January 2022 and will be exploring solutions to ensure that providers who currently utilise digital solutions will meet the standards required to access the Digital Care Record and to support those homes that are still utilising paper resources to access and implement appropriate systems.</p> <p>12) 90% of our care home providers are now compliant with the Data Security and Protection Toolkit which is the highest in the region. Of those outstanding, further work is being completed to ensure their compliance. By completing the toolkit this demonstrates that our providers meet national standards for information governance.</p> <p>13) As a Local Authority we have been working closely with regional partners and have been exploring options for deployment of technological solutions to support medication management, electronic care planning and the digital care record within our care home settings post COVID. We have also explored what specifications we would be aiming to achieve to support care homes in selecting and implementing technology which will meet required standards and be future proofed in the coming years.</p>
<p>Assessment of Progress (December 2021): (include explanation if required)</p>	<p>10) 2 (On-Track)</p> <p>11) 2 (On-Track)</p> <p>12) 2 (On-Track)</p> <p>13) 2 (On-Track)</p>
<p>Evidence of Impact (December 2021):</p>	<p>10) Take up of enablers (e.g., NHS mail, etc) remains strong across the network.</p> <p>11) N/A</p> <p>12) 90% of all OP, MH and LD care homes are now compliant with DSPT.</p>

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Recommendation 4:	That contract monitoring and quality assurance systems ensure that appropriate staffing levels are maintained in care homes.
Responsibility:	Kerry Anderson
Date:	January 2022
Agreed Action:	<p>14) Review the PAMMS assessment from 2019/20 to ensure they provide consistent evidence as to staffing and dependency levels in care homes.</p> <p>15) Implement the 2020/21 programme to cover all care homes and provide input into Adult Social Care and Health Select Committee as scheduled.</p>
Agreed Success Measure:	<ul style="list-style-type: none"> • Regular updates to Adult Social Care and Health Select Committee on the PAMMS assessment and CQC ratings which highlights specific feedback on staffing in care homes (see recommendation 9).
Evidence of Progress (May 2021):	<p>14) Unable to complete PAMMS review due to work to support COVID through 20/21. However staffing levels were monitored throughout 20/21 as part of the provider intelligence / risk monitoring RAG support calls and data capture. Satisfied with the staffing ratio.</p> <p>15) Unable to complete PAMMS assessments through 2020 due to COVID. We have a PAMMS assessment timetable to restart Quality Assurance inspections commencing April 21 with a view to PAMMS assess all OP Res homes before April 2022. A risk assessment approach has been adopted to determine priority for rollout of the programme plan.</p>
Assessment of Progress (May 2021): (include explanation if required)	3 (Slipped) / 4 (Not Achieved)
Evidence of Impact (May 2021):	Through the weekly COVID support calls, the Council was able to ensure safe staffing levels were maintained. This will be further assessed during the PAMMS inspections throughout 21/22.
Evidence of Progress (December 2021):	<p>14) We have resumed our PAMMS assessments of Care Homes from April 2021. The PAMMS assessment looks at staffing and dependency levels within homes including observations, seeking views from staff, residents, and their families. It also checks that rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications, and skills to provide effective care and support. There are also checks to evidence the provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective, and consistent care. Any issues or concerns are highlighted and an action plan is produced which the provider must work through with support from the LA Quality Assurance and Compliance officer to ensure those areas are improved and delivered to a 'Good' standard.</p>

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	<p>15) We are following our PAMMS assessment timetable for Quality Assurance inspections that re commenced in April 21 with a view to assess all OP Res homes before April 2022. A risk assessment approach has been adopted to determine priority for rollout of the programme plan. Once the PAMMS assessment has been completed for a Care Home provider and published a PAMMS briefing report is completed and circulated to members. A summary of these reports and any CQC inspection reports is a standing agenda item on the AHSC committee meetings each quarter for discussion.</p>
<p>Assessment of Progress (December 2021): (include explanation if required)</p>	<p>14) 2 (On-Track)</p> <p>15) 2 (On-Track)</p>
<p>Evidence of Impact (December 2021):</p>	<p>Through our Quality Assurance and Compliance programme of PAMMS assessments and contractual review meetings any issues or concerns on staffing or dependency levels are addressed with the provider and documented within PAMMS action plans. These are reviewed for progress at provider contract meetings with support from the LA Quality Assurance and Compliance officer to ensure those areas are addressed in a timely manner, improved, and delivered to a 'Good' standard.</p>

<p>Recommendation 5:</p>	<p>That the Council works with all stakeholders to promote and improve the local standing of careers in adult social care.</p>
<p>Responsibility:</p>	<p>Rob Papworth</p>
<p>Date:</p>	<p>March 2022</p>
<p>Agreed Action:</p>	<p>16) Work with providers through the leadership and peer support group to understand some of the barriers in social care recruitment and retention.</p> <p>17) Identify solutions with colleagues in EGDS, Communications and external partners to address these issues locally.</p>
<p>Agreed Success Measure:</p>	<ul style="list-style-type: none"> • Feedback from Social Care providers and other key stakeholders.
<p>Evidence of Progress (May 2021):</p>	<p>16) Through the Leadership and Peer Support Network, providers from our local care homes and care at home services, gave some feedback on their recruitment and retention barriers, and gave some thoughts on how this could be better supported:</p> <ul style="list-style-type: none"> a. Negative perceptions of care work; b. Low paid; c. Reality of care work different to expectations; d. No career progression or further opportunity; and e. Portal / pathway from colleges or 'academy' delivering education and training around health and social care.

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	<p>17) The Council has worked actively across several different groups to support the development of the sector as a positive career choice for people working in care, young people entering the job market and people looking to return to the job market. This includes:</p> <ul style="list-style-type: none"> a. Working collaboratively with ADASS and other NE Councils as part of the Market Intelligence Task Group (with a focus on workforce development); b. The Council promoted and worked collaboratively with local care providers to maximise the impact of the Governments “<i>Every Day Is Different</i>” recruitment campaign; and c. Partnership working with colleagues in EGDS and ensuring we build on their networks including the work of the Tees Valley Local Enterprise Partnership.
<p>Assessment of Progress (May 2021): (include explanation if required)</p>	2 (On-Track)
<p>Evidence of Impact (May 2021):</p>	
<p>Evidence of Progress (December 2021):</p>	<p>16) Further engagement with providers has been undertaken to consider options for the investment on the Workforce Recruitment and Retention Fund which has identified opportunities to maximise the impact of this resource.</p> <p>17) ISD transformation team are working with the Economic Growth Team regarding support for the care sector around recruitment and retention. Currently consideration of a Care Academy style model has been developed. We are working closely with Providers and the Learning and skills team to develop Sector based work academies to recruit and upskill new candidates to the sector. A suite of support has been established to support those already working in care including training, Leadership and peer support groups, one to one support and wellbeing resources. We are working closely with the National Careers network around sourcing candidates and the development of webinars to demonstrate the potential of a career in care.</p>
<p>Assessment of Progress (December 2021): (include explanation if required)</p>	<p>16) 2 (On-Track)</p> <p>17) 2 (On-Track)</p>
<p>Evidence of Impact (December 2021):</p>	N/A

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Recommendation 6:	That all care homes be required to work towards Dementia Friendly accreditation as part of the new contract arrangements.
Responsibility:	Yvonne Cheung
Date:	March 2022
Agreed Action:	<p>18) Target group of 5 homes are used to act as pathfinders for implementing the dementia guide and to service as ambassadors for other homes.</p> <p>19) Deliver further Positive Approach to Care (PAC) training to reinforce good practice in the dementias guide.</p>
Agreed Success Measure:	<ul style="list-style-type: none"> • PAC post training evaluation. • Review of impact of dementia guide.
Evidence of Progress (May 2021):	<p>18) Following a launch event in November 2019, 6 care homes showed their interest in working towards dementia friendly. Two care homes completed the guide as a baseline and were planning to make more improvement. Although the project has been suspended due to restrictions and change in priorities caused by the COVID-19 Pandemic, 2 additional care homes have started making their homes more dementia friendly.</p> <p>Alison House have made their physical environment dementia friendly and introduced comprehensive falls management plan. Woodside Grange has also made extensive changes to its physical environment. The Manager stated that the residents really enjoy the activities in various newly decorated rooms and staff are happy that they have been involved in the transformation.</p> <p>19) Planning for a bespoke PAC training programme for care homes (shorter sessions for care staff) before the first lockdown. TEWV (provider) has suspended all face-to-face training in March 2020. The development of a virtual training programme is being trialled in Durham and waiting for approval from TEWV and Teepa Snow (training company). Due to limited staff capacity, TEWV needs to deliver the remaining 2 training sessions for SBC staff before starting the training programme for care homes.</p>
Assessment of Progress (May 2021): (include explanation if required)	3 (Slipped)
Evidence of Impact (May 2021):	Alison House recorded significant reduction in number of falls following changes to the environment and introduction of a falls management plan.
Evidence of Progress (December 2021):	18) Homes that originally signed up to implement the Dementia guide have continued to implement the standards. Although Allison House has a new manager in post, they are following the practice and environmental guidelines within the guide. Woodside Grange continue to ensure the environment is dementia friendly.

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	19) PAC training is currently on hold until January 2022. This was due to the impact of COVID, including access to venues and restricted numbers.
Assessment of Progress (December 2021): (include explanation if required)	18) 3 (Slipped) 19) 3 (Slipped)
Evidence of Impact (December 2021):	Alison House: Their Monthly review of Datix, their reporting system for incidents shows slips trips and falls continue at the reduced rate identified in the last review.

Recommendation 7:	That the Council works with the Care Quality Commission to facilitate effective dialogue between the two organisations in order to share updates of projects and initiatives being developed by the Council and partners and shape the future of the care home market.
Responsibility:	Kerry Anderson / Rob Papworth / Julie Nisbet / Catherine Buller
Date:	March 2022
Agreed Action:	20) Continue to engage with CQC through the multi-agency information sharing meeting and leadership and peer support network. 21) Consider the potential impact and opportunity of a strategic conversation with CQC as piloted in Redcar & Cleveland.
Agreed Success Measure:	<ul style="list-style-type: none"> • Meeting minutes. • New meetings arranged.
Evidence of Progress (May 2021):	20) Multi agency meetings have still taken place during the pandemic where possible. When held the exchange of intelligence is valuable and benefits all stakeholders to gain a more holistic view of market performance/ issues and risk. The meetings should become more regular from April 21, and the attendance will be further promoted to encourage stakeholder engagement. 21) Contact was made with CQC prior to March 2020 to have a broader strategic discussion, but this was put on hold during the pandemic. As CQC commence their revised inspection programmes we will follow up to revisit this arrangement.
Assessment of Progress (May 2021): (include explanation if required)	3 (Slipped)
Evidence of Impact (May 2021):	

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Evidence of Progress (December 2021):	<p>20) Our Multi Agency Intelligence sharing meetings have resumed from April 2021 and have been held regularly every 6 weeks. Areas of discussion include any areas of concern (deteriorating quality, whistleblowing concerns, incidents, safeguarding) and areas of good practice that are picked up by stakeholders that can then be shared and cascaded to our Care Home providers. This includes current initiatives within the sector and those within the local leadership and peer support networks.</p> <p>21) Transformation Managers are meeting with inspectors to discuss the development work plan (for example, linking care home into national research and development programmes with local universities).</p>
Assessment of Progress (December 2021): (include explanation if required)	<p>20) 2 (On-Track)</p> <p>21) 2 (On-Track)</p>
Evidence of Impact (December 2021):	<p>20) Relationships between all stakeholders has certainly improved as a result of these meetings where intelligence and data is shared with view of early identification of risk enabling swift and proportionate supportive action can be implemented to mitigate that risk.</p> <p>21) CQC pro actively shared information on provider involvement in R&D on the back of a strategic discussion with the Transformation Team.</p>

Recommendation 8:	That Healthwatch be asked to report back the Adult, Social Care and Health Select Committee on the implementation of their recommendations to care homes following further enter and view visits to homes.
Responsibility:	Healthwatch
Date:	March 2022
Agreed Action:	22) Healthwatch programme for 2020/21 to allow for follow up work to take place and a report prepared to feedback to Adults Social Care and Health Select Committee.
Agreed Success Measure:	<ul style="list-style-type: none"> • Report presented to an agreed meeting in 2020/21.
Evidence of Progress (May 2021):	22) 2 follow up reports have been completed for Roseville and Hadrian Park Care Home in 2020. However, due to COVID, they have been unable to conduct further enter and views. Healthwatch are currently focusing on raising awareness of good practice to support residents, carers, and their families.
Assessment of Progress (May 2021): (include explanation if required)	3 (Slipped)
Evidence of Impact (May 2021):	

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Evidence of Progress (December 2021):	<p>22) Due to the Pandemic, Healthwatch have been unable to go back into Care Homes, however they have met with the Manager of the White House to gather case study information and ideas that have been trialled, this has been promoted throughout all care homes in the borough.</p> <p>Healthwatch are also now undergoing virtual Enter & View Training to try to enhance engagement opportunities, however this is not without consideration that it can be very one sided and the reliance of staff within the care home allowing the process to be independent.</p> <p>Healthwatch have also been working closely with Catalyst, to trial a pilot that saw Healthwatch purchase 6 iPads that could be used by staff, volunteers to support residents to access family and friends.</p>
Assessment of Progress (December 2021): (include explanation if required)	3 (Slipped)
Evidence of Impact (December 2021):	N/A

Recommendation 9:	That the summary of Care Quality Commission inspection results, reported each quarter to the Adult Social Care and Health Select Committee should include greater context including trend information of quality ratings and information about providers.
Responsibility:	Kerry Anderson
Date:	April 2021
Agreed Action:	<p>23) Report content to be reviewed in light of additional requirements.</p> <p>24) Updated report presented to Adult Social Care and Health Select Committee.</p>
Agreed Success Measure:	<ul style="list-style-type: none"> Report format agreed at the first meeting of 2020/21.
Evidence of Progress (May 2021):	<p>23) Individual provider reports now reflect further details and context in respect of providers engagement with the LA and specific narrative of CQC findings that support the quality ratings.</p> <p>24) These have been presented throughout 20/21 to ASH committee and will continue to be presented in this format.</p>
Assessment of Progress (May 2021): (include explanation if required)	<p>3 (Slipped)</p> <p>Trend analysis has been problematic as the CQC has also suspended their scheduled routine inspections of providers throughout the 20/21 COVID pandemic. This aspect of the report can be reviewed towards the latter part of</p>

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	21/22 when CQC assessments recommence, and the impacts of the pandemic can be considered as an potential impact on trends.
Evidence of Impact (May 2021):	
Evidence of Progress (December 2021):	<p>23) Individual provider reports now reflect further details and context in respect of providers engagement with the LA and specific narrative of CQC findings that support the quality ratings.</p> <p>24) These have been presented throughout 21/22 to ASH committee and will continue to be presented in this format.</p>
Assessment of Progress (December 2021): (include explanation if required)	<p>23) 1 (Fully Achieved)</p> <p>24) 2 (On-Track)</p> <p>Trend analysis is still proving to be problematic as initially the CQC suspended their scheduled routine inspections of providers throughout the 20/21 COVID pandemic. They have now changed their approach to inspections which is now based on a 'risk assessed approach' and their inspection of a provider is proportionate to the risks identified through intelligence gathering. This has resulted in fewer 'traditional inspections' which makes trend analysis difficult. This has been discussed with democratic services who will raise this point with the chair of the AHSC committee for direction on the recommended approach.</p>
Evidence of Impact (December 2021):	With the recommendation being incorporated into the briefing reports AHSC now get a more informative summary of the CQC inspection.

Assessment of Progress Gradings:	1 Fully Achieved	2 On-Track	3 Slipped	4 Not Achieved
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