

**APPENDIX 1**  
**PROGRESS UPDATE: Review of Multi-Agency Support to Care Homes during the COVID-19 Pandemic (Task & Finish)**

| <b>SCRUTINY MONITORING – PROGRESS UPDATE</b> |  |
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| <b>Review:</b>                               | <b>Multi-Agency Support to Care Homes during the COVID-19 Pandemic (Task &amp; Finish)</b> |
| <b>Link Officer/s:</b>                       | <b>Ann Workman</b>   |
| <b>Action Plan Agreed:</b>                   | <b>December 2021</b>   |

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.

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| <b>Recommendation 1:</b>         | <b>Further to existing arrangements already in place regarding engagement with service-users and their loved ones, any current and future multi-agency professional group that is convened to support care homes ensures that the voice of residents and their families / carers is clearly articulated (whether through direct representation or via another appropriate mechanism). This should continue to include:</b>   |
|                                  | <ul style="list-style-type: none"> <li>• <b>How care home providers gain information and feedback from clients and their families.</b></li> </ul>  |
| Responsibility:                  | Stockton-on-Tees Borough Council   |
| Date:                            |  |
| Agreed Action:                   | Quality Assurance and Compliance Team to review how and what information is collated by care homes and how this is used to improve service provision.  |
| Agreed Success Measure:          | Quality Assurance and Compliance Team can evidence how information collated by care homes is used to improve service provision.  |
| Evidence of Progress (May 2022): | <p>During the PAMMS assessment, the QuAC Officer reviews how the care home gathers and acts upon information provided by residents and families/ carers. Questions include:</p> <p><b>Question:</b> (F07) There is evidence that the provider has a range of regular, organised meetings where service users, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.</p> <p><b>Question:</b> (F06) There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.</p> |

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|   | <p><b>Question:</b> (F04) Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.</p> <p>The officers seek evidence, not just that processes are in place, but of outcomes to determine what has changed as a result.</p> <p>The Care Home Contract also requires providers to continuously seek feedback and act upon it.</p>  |
| Assessment of Progress (May 2022):<br>(include explanation if required) | <b>1 (Fully Achieved)</b>   |
| Evidence of Impact (May 2022):  | Care Homes continually improve as a result of seeking feedback and learning when things could be improved.  |
|   | <ul style="list-style-type: none"> <li>• <b>How the Care Quality Commission (CQC) gains information and feedback from clients and their families.</b></li> </ul>  |
| Responsibility:   | CQC   |
| Date:   |   |
| Agreed Action:  | CQC to advise the Committee how it gains information and feedback from clients and their families.  |
| Agreed Success Measure:   | Committee has been updated by CQC.  |
| Evidence of Progress (May 2022):  | <p>CQC use proactive and reactive approaches to gathering and using client and family member information on the services they inspect.</p> <p><b>Reactive:</b> Through their telephone post and online, they have dedicated (and confidential) reporting routes to allow people to pass on a concern or compliment. These are used by CQC to inform their inspection programme.</p> <p><b>Proactive:</b> Clients and families are engaged (directly during inspections or via feedback forms) by CQC and inspectors as part of their inspection of providers. In addition, CQC work with local groups such as Healthwatch to ensure they listen to feedback from local communities and through their Experts by Experience programme (people who have accessed services who take part in inspections and speak to clients and families to support inspection findings).</p> |
| Assessment of Progress (May 2022):<br>(include explanation if required) | <b>1 (Fully Achieved)</b>   |
| Evidence of Impact (May 2022):  | Process feeds into all regulated inspection programmes.   |

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|   | <ul style="list-style-type: none"> <li><b>How the Stockton-on-Tees Borough Council (SBC) contracting team gains information and feedback from clients and families.</b></li> </ul>   |
| Responsibility:   | Stockton-on-Tees Borough Council   |
| Date:   |  |
| Agreed Action:  | Quality Assurance and Compliance Team and Integrated Strategy Development Team to summarise how information is gathered from clients and families over and above that collated by care homes.  |
| Agreed Success Measure:   | Quality Assurance Team and Integrated Strategy Development can evidence how information is collated and used to improve service provision.   |
| Evidence of Progress (May 2022):  | <p>In addition to the information identified as part of the PAMMS assessment, QuAC Officers also discuss with residents and their families their experiences of the care home.</p> <p>In addition to the contractual route, current pathways to gather general information and feedback from clients and families is coordinated through the Social Care Protection Operational Group. Two Transformation Managers for Care Home and Care at Home Services support this group. The Transformation Managers also engage with residents and families to inform service developments.</p>                               |
| Assessment of Progress (May 2022):<br>(include explanation if required) | <b>2 (On-Track)</b>  |
| Evidence of Impact (May 2022):  | Please see Care Home Protection Group for evidence of impact.  |
|   | <ul style="list-style-type: none"> <li><b>How Social Workers and other Adult Social Care professionals gain information, views and feedback in their assessments / ongoing contact / reviews.</b></li> </ul>   |
| Responsibility:   | Stockton-on-Tees Borough Council   |
| Date:   |  |
| Agreed Action:  | Review and summary of how social workers and other professionals gain feedback from clients, families and carers.  |
| Agreed Success Measure:   | Summary of how information and views are gathered and how this is used in care planning and service provision.   |
| Evidence of Progress (May 2022):  | All Care Act assessments are completed with the client and their families/carers (if the client wants this). The client's views and opinions and outcomes are recorded in the assessment process. The clients/families choose the care home they wish the client is to go into. If the client does not have capacity to make decisions for themselves then a best interests decision will be made by the social worker. This will involve consulting with all interested parties such as family/carers/friends and a suitable placement will be made in the client's best interests. The client will be appointed an |

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|   | <p>independent representative to ensure they are happy with the placement and not objecting to it.</p> <p>All information is recorded on the assessment, and if any unmet needs are identified they are reported to adult strategy team.</p> <p>All new placements into a 24-hour care setting are reviewed at the 6-8 week period. This review checks with the person that they remain happy with the placement, and any concerns are discussed. Any issues regarding the quality of the care received is shared with the Quality Assurance team. If there are any safeguarding issues raised these are referred to the safeguarding team Clients/families can ask for any further reviews at any time if they have any concerns they would like to raise.</p> <p>If reviews are not requested they will be scheduled to occur every 10 months. These reviews will always involve the client and families if the client wishes. The reviews will look at the clients satisfaction with their placement and assess whether the outcomes they were hoping for have been achieved</p> |
| <p>Assessment of Progress (May 2022):<br/>(include explanation if required)</p> | <p><b>1 (Fully Achieved)</b></p>  |
| <p>Evidence of Impact (May 2022):</p>   | <p>All assessments demonstrate a person-centred approach showing that the individual's opinions are taken into consideration.</p> <p>There is very little movement between care homes from when a person is admitted, usually any transfers are due to a change in need rather than someone not getting their needs/outcomes met.</p> <p>All applications to the court of protection for placements when a person does not have capacity and appears to be unsettled have been authorised by the court, demonstrating that the social worker is working in the clients best interests.</p>  |
|   | <ul style="list-style-type: none"> <li>• <b>How the safeguarding teams gain information and feedback.</b></li> </ul>  |
| <p>Responsibility:</p>  | <p>Stockton-on-Tees Borough Council</p>   |
| <p>Date:</p>  |   |
| <p>Agreed Action:</p>   | <p>Summarise how the safeguarding team collate and act on feedback.</p>   |
| <p>Agreed Success Measure:</p>  | <p>Safeguarding Team has robust processes in place to gain and act on information and feedback.</p>   |
| <p>Evidence of Progress (May 2022):</p>   | <p>Safeguarding referrals are screened by the adult safeguarding team. All safeguarding referrals that meet the criteria for a s42 enquiry receive this, and a specialist safeguarding social worker is allocated to co-ordinate the enquiry. If the threshold for an enquiry is not met then the information is shared with the quality assurance officers who collate all concerns.</p>   |

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|   | When a s42 enquiry commences the client is visited to assert their views. All safeguarding staff work to the principles of making safeguarding personal, which is ensuring that the person is asked what they want to happen and then the social worker will work with them to help to achieve this. When a safeguarding enquiry is closed the manager ensures that the outcome is in line with what the client wanted to happen.  |
| Assessment of Progress (May 2022):<br>(include explanation if required) | <b>1 (Fully Achieved)</b>  |
| Evidence of Impact (May 2022):  | <p>Making safeguarding personal outcomes are recorded on all clients records and checked by the manager regarding achievement of these.</p> <p>Random audits are completed by the manager/senior manager which demonstrate that MSP is embedded.</p> <p>Supervision sessions with the social workers explore individual case records to ensure their outcomes are recorded.</p>  |
|   | <ul style="list-style-type: none"> <li>• <b>How the Care Home Protection Group gains information and feedback.</b></li> </ul>  |
| Responsibility:   | Stockton-on-Tees Borough Council   |
| Date:   |  |
| Agreed Action:  | Review and summarise how the Care Home Protection Group gains information and feedback.  |
| Agreed Success Measure:   | The views of residents and families/carers are known and considered by the Care Home Protection Group.   |
| Evidence of Progress (May 2022):  | <p>The Social Care Protection Operational Group aims to gather client and family feedback in several ways:</p> <ul style="list-style-type: none"> <li>• A client and family bulletin is provided in the fortnightly Social Care Protection Operational Group newsletter with contact details for the COVID19 Outbreak Inbox for feedback or queries.</li> <li>• Posters have been provided to care homes outlining information and guidance for visiting friends and family and IPC with a key contact highlighted for further information or questions.</li> <li>• Fortnightly Social Care Protection Operational Group Meeting held with partners which includes an opportunity to feedback any informal comments from residents and families.</li> <li>• Care Home Managers provide the Social Care Protection Operational Group/ COVID Outbreak/ Transformation team with information from residents and families and any queries which have been raised.</li> <li>• The Quality Assurance and Compliance Manager sits within the group and feeds back when relevant information that comes from more formal pathways e.g., SPS inbox, safeguarding. Information is also collected by the Quality Assurance officers which is gathered as part of their PAMMS assessment.</li> </ul> |

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| Assessment of Progress (May 2022):<br>(include explanation if required) | <b>2 (On-Track)</b>   |
| Evidence of Impact (May 2022):  | <p>Although there have been opportunities and pathways opened to clients and families to provide information directly to the group we have noted that traditional routes appear to be utilised more frequently with most information being provided through the care home manager.</p> <p>The Social Care Protection Operational Group will be reviewing its Terms of Reference and developing plans to take the group forward into 2023. As part of this review information sharing and feedback will be examined, and decisions made around how we can best gain direct feedback from residents and families.</p> |

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| <b>Recommendation 2:</b>  | <b>Mindful of potential developments in vaccination requirements for the care sector as a whole, efforts continue by SBC and its partners to reach-out to those staff who remain reluctant to receive a COVID-19 vaccination.</b>             |
| Responsibility:   | NHS / Stockton-on-Tees Borough Council  |
| Date:   |   |
| Agreed Action:  | Vaccination is now mandatory in care homes. NHS is responsible for roll-out of vaccination programme. SBC will continue to promote mandatory and booster vaccination to care homes and the wider care sector.                                 |
| Agreed Success Measure:   | Mandatory vaccination is implemented.   |
| Evidence of Progress (May 2022):  | Mandatory vaccination is no longer required. However, staff who work within care homes are still eligible to access the first and second vaccine, as well as the booster. This includes new members of staff working within care homes.       |
| Assessment of Progress (May 2022):<br>(include explanation if required) | <b>1 (Fully Achieved)</b>   |
| Evidence of Impact (May 2022):  | The NHS and SBC are continuing to encourage vaccination via the provider forums held with care homes. Newsletters to care homes contain information regarding vaccination and vaccination staff have offered access to local walk-in clinics. |

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| <b>Recommendation 3:</b>  | <b>The Care Home Protection Group continues on a permanent basis.</b>  |
| Responsibility:   | Stockton-on-Tees Borough Council   |
| Date:   |  |
| Agreed Action:  | Care Home Protection Group to continue.  |
| Agreed Success Measure:   | Continuation of Care Home Protection Group.  |
| Evidence of Progress (May 2022):  | Care Home Protection Group remains in place.   |
| Assessment of Progress (May 2022):<br>(include explanation if required) | <b>1 (Fully Achieved)</b>  |
| Evidence of Impact (May 2022):  | There remains good attendance at the group. Terms of Reference are currently being reviewed to broaden the scope of the group. |

|   |                            |                      |                     |                          |
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| <b>Assessment of Progress Gradings:</b> | <b>1</b><br>Fully Achieved | <b>2</b><br>On-Track | <b>3</b><br>Slipped | <b>4</b><br>Not Achieved |
|---|----------------------------|----------------------|---------------------|--------------------------|