

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

15 MARCH 2018

**REPORT OF SENIOR
MANAGEMENT TEAM**

CABINET DECISION

Cabinet Member for Adult Services and Health – Councillor Jim Beall

CARE QUALITY COMMISSION (CQC) – INSPECTIONS OF REGISTERED SERVICES

1. Summary

This report presents a briefing on the CQC's inspection of Stockton-on-Tees Borough Council (SBC) registered services. Stockton-on-Tees Borough Council (SBC) has responsibility under the Health & Social Care Act 2008 to be registered as a provider of adult social care services with the Care Quality Commission (CQC). SBC was first registered on 1 October 2010 and is currently registered in respect of four specific regulated activities and has a separately registered manager for each activity.

There are five 'key lines of enquiry' the inspection focuses on. These are the fundamental questions about standards at the heart of the way CQC regulates services and they help to focus on the things that matter. They ask 'key questions' of each service.

After each inspection, the CQC produces a report and publish it on their website. Each report sets out the outcomes of each of the five key questions and what this means for the people who use the service. The most recent report ratings for the four SBC services are detailed in the report.

The report provides case studies of how each CQC registered service has supported individuals requiring those services.

2. Recommendations

To note the report.

3. Reasons for the Recommendation(s)/Decision(s)

The report is provided for information about those services provided directly by Stockton-on-Tees Borough Council and registered with the Care Quality Commission.

4. Members' Interests

Members (including co-opted Members) should consider whether they have a personal interest in any item, as defined in **paragraphs 9 and 11** of the Council's code of conduct and, if so, declare the existence and nature of that interest in accordance with and/or taking account of **paragraphs 12 - 17** of the code.

Where a Member regards him/herself as having a personal interest, as described in **paragraph 16** of the code, in any business of the Council he/she must then, **in accordance with paragraph 18** of the code, consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest and the business:-

- affects the members financial position or the financial position of a person or body described in **paragraph 17** of the code, or
- relates to the determining of any approval, consent, licence, permission or registration in relation to the member or any person or body described in **paragraph 17** of the code.

A Member with a personal interest, as described in **paragraph 18** of the code, may attend the meeting but must not take part in the consideration and voting upon the relevant item of business. However, a member with such an interest may make representations, answer questions or give evidence relating to that business before the business is considered or voted on, provided the public are also allowed to attend the meeting for the same purpose whether under a statutory right or otherwise (**paragraph 19** of the code)

Members may participate in any discussion and vote on a matter in which they have an interest, as described in **paragraph 18** of the code, where that interest relates to functions of the Council detailed in **paragraph 20** of the code.

Disclosable Pecuniary Interests

It is a criminal offence for a member to participate in any discussion or vote on a matter in which he/she has a disclosable pecuniary interest (and where an appropriate dispensation has not been granted) **paragraph 21** of the code.

Members are required to comply with any procedural rule adopted by the Council which requires a member to leave the meeting room whilst the meeting is discussing a matter in which that member has a disclosable pecuniary interest (**paragraph 22** of the code)

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RECOMMENDATIONS

To note the report.

DETAIL

1. Stockton-on-Tees Borough Council (SBC) has responsibility under the Health & Social Care Act 2008 to be registered as a provider of adult social care services with the Care Quality Commission (CQC). SBC was first registered on 1 October 2010 and is currently registered in respect of four specific regulated activities and has a separately registered manager for each activity.
 - **1 Lanark Close:** Lanark Close, Elmtree, Stockton-on-Tees
Accommodation of up to 16 service users for personal care (not nursing care)
 - **31 Oak Road:** 29-31, Oak Road, Eaglescliffe, Stockton-on-Tees
Accommodation of up to six service users for personal care (not nursing care)
 - **Rosedale Centre:** 122, Marske Lane, Bishopsgarth, Stockton-on-Tees
Accommodation of up to 44 service users for personal care (not nursing care)
 - **Reablement Service:** Tithebarn House, High Newham Road, Stockton-on-Tees
Provision of personal care in the community of Stockton-on-Tees

2. CQC inspections give an opportunity for the CQC to talk to staff and people who use the services. They are conducted by a specially trained inspector(s) and can involve “experts by experience” and other professionals, especially for larger service inspections. The CQC can involve organisations such as Healthwatch England, NHS Improvement, NHS England and Ofsted in the inspection process.
3. Inspections also allow for observation of the care and opportunity to check the systems and processes that each service uses. The inspection process looks at service users care records to see how their needs are managed, following strict rules about protecting their information.
4. There are five ‘key lines of enquiry’ the inspection focuses on. These are the fundamental questions about standards at the heart of the way CQC regulates services and they help to focus on the things that matter. They ask the following ‘key questions’ of each service:
 - **Is it safe?** Are people protected from abuse and avoidable harm?
 - **Is it effective?** Does a person’s care, treatment and support achieve good results and help them maintain their quality of life, and is it based on the best available evidence?
 - **Is it caring?** Do staff involve the person and treat them with compassion, kindness, dignity and respect?
 - **Is it responsive?** Are services organised so that they can meet people’s needs?
 - **Is it well-led?** Does the leadership of the organisation make sure that it is providing high-quality care that’s based around a person’s needs? And does it encourage learning and innovation and promote an open and fair culture?
5. Inspections also cover the monitoring and reporting on the use of the Mental Health Act (MHA) with visits to people whose rights are restricted by the MHA, acting on any matters of concern.
6. Prior to each inspection, the Provider has to submit a Provider Information Report (PIR) on their service based on the five fundamental standards and focusing on how the service operates and the improvements planned within the next 12 months. They also ask specific questions in the PIR covering:
 - The number of people with an authorised deprivation of liberty (DoL) in place;
 - Information about awards & recognition of good practice;
 - The number of complaints and compliments;
 - Details about the Registered Manager and their status;
 - Staffing arrangements;
 - Staff training records;
 - Staff supervision/appraisal arrangements;
 - Information about service users and their care plans;
 - Payments for the care provided.
7. In addition the Provider has to provide a list of professional contacts whom the inspector requests information from regarding their experiences of the service.
8. After each inspection, the CQC produces a report and publish it on their website. Each report sets out the outcomes of each of the five key questions and what this means for the people who use the service. They describe the good practice identified, as well as any concerns they have. In most cases the reports include ratings to help people understand how good each local service is. The ratings are:
 - **Outstanding**
 - **Good**
 - **Requires improvement**
 - **Inadequate**

9. For services where the care has fallen short of the fundamental standards, the CQC use their powers to:
- Protect people from harm and make sure they receive care that meets the standards people have a right to expect; and
 - Make sure services improve.
10. The actions the CQC take depend on how serious the problems identified are and how they affect the people who use the service. They may do the following:
- Give care providers notices setting out what improvements they must make and by when.
 - Hold the care provider to account by:
 - Issuing simple cautions;
 - Issuing fines;
 - Prosecuting cases where people are harmed or placed in danger of harm;
 - Limit what the care provider may do for a set time;
 - Place a care provider in 'special measures', giving a clear timetable within which they must improve the quality of care they provide or the CQC will take further action (for example, cancel their registration).
11. In addition, as a regulator and inspector, the CQC provides a unique view on the quality of health and adult social care in England, helping to share learning and encourage improvement across the sectors. They carry out and publish reviews and specific inspection programmes that focus on particular aspects of health and social care, including:
- The experiences of certain groups of people i.e. adults with learning disabilities;
 - How different services work together to care for people; and
 - The quality of particular services, or all services, in an area.

12. Stockton-on-Tees Borough Council

The most recent report ratings for the four SBC services are as follows:

Regulated Activity	Date of Inspection	Overall Outcome	Fundamental Standards
1 Lanark Close	13 June 2017	Outstanding	Safe: Good Effective: Good Caring: Outstanding Responsive: Outstanding Well Led: Outstanding
31 Oak Road	27 October 2017	Good	Safe: Good Effective: Good Caring: Good Responsive: Good Well Led: Good
Rosedale Centre	15 & 22 nd November 2017	Good	Safe: Good Effective: Good Caring: Good Responsive: Good Well Led: Good
Reablement Service	27 July 2017	Good	Safe: Good Effective: Good Caring: Good Responsive: Good Well Led: Good

13. Each inspection provides the Council, as a provider the opportunity to reflect on the outcomes and ratings received. It also allows operational managers to undertake a review of how each service is operating. Staff and visitors are informed of the outcome and a copy of the report notice is legally required to be displayed legibly and conspicuously in each of the premises where a regulated activity is provided, unless the care service is provided in the persons own home.
14. **Lanark Close (Outstanding)** - The achievement of Outstanding in the recent Lanark Close CQC inspection is a positive outcome for Stockton-on-Tees Borough Council. It reflects the improvements in the standard of personal care provided to a group of people with learning disabilities since the service was reviewed and a new manager appointed in 2013/14. The changes have included investment in the building, changes to the booking of short break service placements and staff training and development.
15. The inspector's report summary included the following statement:

"The most striking aspect of this dynamic service was the strong sense of leadership, commitment and drive to deliver a service which improves the lives of the people who use the service and their relatives in a fulfilling and creative way. The culture embedded in the service was an absolute commitment to deliver a person-centred and responsive short-break service, which relatives described as a lifeline for them as well as a fantastic place for people to use. We found that the registered manager had encouraged staff to constantly think about improvements."

16. CASE STUDY 1: Lanark Close

EB is a 19 year old lady who was referred to the service in May 2017 by her Care Manager. EB has an identified learning disability and attends college in Middlesbrough completing an employment skills course. EB has a few close friends at College but not close to her home community in Stockton. EB has capacity to make her own decisions.

EB lives at home with her parents and younger sister who has Autism and additional needs of her own. EB's sister requires a high level of additional attention from their parents placing pressure on family relationships. EB and her sister do not 'get along' and there had been a recent incident where EB's sister was physically violent towards EB following an argument about the attention EB's sister needs.

EB was assessed as requiring support to manage and maintain her own family relationship by accessing short breaks. This allows EB to make and meet new friends of similar age, access a wide range of community activities whilst also having some 'space' from the family pressures at home.

EB requires support and prompts with most areas of daily living to ensure her health, safety and wellbeing. EB is at risk of exploitation due to her learning disability, lack of danger awareness and money management skills.

EB assessed and allocated 24 short breaks per year. These are taken in single nights and planned around others of similar age and interests as EB.

EB is making new friends, enjoying going to discos, festivals, using the salon to have her hair and nails done. EB's social circle is expanding and her confidence around others increasing.

Family are reporting that pressure on family relations is reducing at home as EB is having her own and individual attention and they are not worrying so much about juggling the time they are spending on EB's sister's needs as EB is enjoying her short breaks so much.

17. CASE STUDY 2: Oak Road

RD is a 52 year old gentleman who was referred for a residential placement in June 2017 by his Care Manager. RD has a diagnosed learning disability, autism and hypomania paranoia. This means RD can often become fixated on issues and become anxious.

RD previously lived with his mother but due to deterioration in his mental health this was no longer an option for him. He has lived in various different supported living services away from his family, but RD has the capability to decide where he wants to live and decided to move to an area closer to his family.

RD requires support and prompts with most areas of daily living to maximise his health, safety and wellbeing. RD is at risk of exploitation due to his learning disability, lack of danger awareness and money management skills.

RD has close family who often visit and has many friends at various day services that he attends. RD has a good social life and loves to talk to everyone he meets; but RD can sometimes take conversations out of context and get upset about things he has heard. RD has a good sense of humour so making him laugh is a good way to manage his anxiety.

RD requires support with most personal care, he can make himself a cup of tea but cannot cook. RD enjoys a bath and often will ask for two a day but still needs support to wash himself. RD cannot process information easily and can only manage one task at a time.

RD enjoys various social activities and making new friends at discos, football, the pub and the gym. He likes to have a walk daily to get a newspaper and magazine, he also likes to go out with his brother who often visits him and takes him out.

RD enjoys living in the house he is now in and is surrounded by friends of his age range. Whilst RD is living at Oak Road he is supported in:

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Being appropriately clothed
- Being able to make use of the home safely
- Maintaining a habitable home environment
- Developing and maintaining family and other personal relationships
- Accessing and engaging in work, training, education, & volunteering
- Making use of necessary facilities of services in the local community

18. CASE STUDY 3: Rosedale Centre

AP was admitted to hospital due to frequent falls, he was transferred to the emergency admissions unit where he stayed for one night before he was referred to Rosedale for further rehabilitation. Previous medical history included low BP and epilepsy, he suffers with absence seizures and has had a pacemaker fitted.

The emergency care therapy team (ECTT) at University Hospital of North Tees identified AP would benefit from a period of rehabilitation, due to reduced mobility, risk of further falls and reduced independence managing his ADLs. A referral was organised via the discharge liaison team and a bed was available for AP.

AP was assessed by a qualified therapist at Rosedale and a care plan put in place. The plan consisted of balance exercises and mobility practice. During the assessment several deficits were noted: poor coordination, poor spatial awareness, poor hand eye co-ordination

and AP was unable to recognise his position in midline, which indicated he may have had an undiagnosed problem with his central nervous system.

Due to APs short stay in hospital the therapist made the decision to make a referral to the rapid access clinic (falls clinic) to investigate the cause of these problems. During this clinic it was identified that the patient falls were probably multifactorial, however the consultant requested a CT of his head, change to medications and further blood tests for the GP to monitor his magnesium levels.

During early therapy sessions APs sitting balance was poor so exercises were introduced to improve this – these included reaching out of base of support and core strength work. Sitting balance improved over the next few sessions and therapy staff were able to progress sessions to include standing balance, proprioception work and transfer practice. Further therapy sessions included upper limb coordination activities such as writing on a raised plinth in standing.

After one week in Rosedale an environmental visit was carried out to assess APs home for safety. Referral to social worker was discussed at the visit due to the current need for care and support provided by family. Equipment recommendations and social worker referral was discussed with AP who agreed to all adaptations and the referral. All requests were then completed and sent via email to TCES (Teeswide Community Equipment Service), Yorkshire Housing Adaptations Team (based within Stockton Borough Council) and First Contact (A service used to direct referrals to the correct local authority team).

Mobility and balance continued to improve and this meant that AP became independent mobilising with a wheeled zimmer frame. AP also begun practicing mobilising with a walking stick with therapy staff and was able to manage approximately 50 metres using a reciprocal gait pattern (one foot in front of the other).

A case review was held with family and social worker and it was decided that AP would have a package of care to support with washing and dressing. APs daughter would support with meals and all other aspects of care.

AP was discharged after two weeks; he was independent with mobility and transfers. He was referred to community therapy to continue with mobility progression. Social worker referred on to occupational therapy team to assess AP for bathing needs and provision of stair lift.

19. CASE STUDY 4: Reablement Service

BW is a 72 year old gentleman living in Stockton and has been provided with mental health services for a number of years. Back in 2016 his situation deteriorated and BW became increasingly withdrawn and unwell. His CPN was regularly monitoring his medication; an OT was supporting him and a detailed intervention plan was put in place supported by his family. BW continued to deteriorate throughout 2017 and needed increased cajoling and encouragement with his personal care. He often needed input from the OT to persuade him to change his clothing and he hadn't had a bath for many months. He was very reluctant to change his shirt, trousers and underwear and only once did the OT persuade him to wash his hair. Various pieces of equipment have been provided to get around problems BW mentioned but none provided a solution.

BWs brother, sister and daughter were all very concerned for his health and the OT had to step in as she was worried the stress on his brother would bring on another heart attack.

The CPN sought help from the Reablement team. The referral requested help for BW with his personal care and to build his confidence so he could return to leading an independent life.

BW started with the Reablement service in July 2017. In just over six weeks BW had totally changed. When the support workers first visited BW he was very withdrawn, wouldn't talk much and had no interest in his personal care (washing, shaving or changing clothes). He wouldn't go out in to the garden or down his path to put the bin out. If he was told to do something he wouldn't do it.

The support workers found it was better to ask BW if he would like to get a wash while making him a cup of tea. They chatted to him about his likes and dislikes and found out he liked sport and gardening (his job had been as a gardener). Over the six weeks BW's self-esteem improved considerably and he started to wash and change himself without being asked to. He also enjoys chatting about his life and sitting in the garden, he even puts his own bin out.

BW now feels he has a purpose in life as he is seeing people every day. He has said how happy his family are with him and this has made him feel even better. BW feels he has made a big improvement as he will now do things for himself.

BW no longer receives the Reablement service although the support workers maintain contact as he has given permission for them to call in to see him when they are passing. His CPN continues to see BW but it is likely he will need less frequent visits. The OT has said she can't praise the Reablement service enough. From a position where BW had given up and taken to his bed, where he wouldn't engage with anyone including his family, he has now become independent, is socialising and even looks younger. "BW is a different man."

COMMUNITY IMPACT IMPLICATIONS

There are no specific impacts on our local communities.

FINANCIAL IMPLICATIONS

There are no new financial implications from this Report.

LEGAL IMPLICATIONS

There are no new legal implications from this Report.

RISK ASSESSMENT

There are no risks implications.

COUNCIL PLAN POLICY PRINCIPLES AND PRIORITIES

There is no impact on the Policy Principles in the Council Plan.

CORPORATE PARENTING IMPLICATIONS

There are no corporate parenting implications.

CONSULTATION INCLUDING WARD/COUNCILLORS

This report covers services provided across the Borough of Stockton-on-Tees.

Name of Contact Officer: Peter Smith
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Education related? No

Background Papers
None

Ward(s) and Ward Councillors:
Not applicable

Property
There are no implications for Council property