

# **Review of Care Homes for Older People**

## **Adult Social Care and Health Select Committee**

**Final Report**

**February 2020**

Adult Social Care and Health Select Committee  
Stockton-on-Tees Borough Council  
Municipal Buildings  
Church Road  
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## **Select Committee membership**

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Councillor Clare Gamble (Vice Chair)

Councillor Jacky Bright  
Councillor Kevin Faults  
Councillor Luke Frost  
Councillor Lynn Hall  
Councillor Mohammed Javed  
Councillor Tina Large  
Councillor Paul Weston  
Councillor Bill Woodhead MBE

## **Acknowledgements**

The Committee would like to thank the following people for contributing to its work:

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Churchview Care Home  
Chestnut Lodge Care Home  
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## Foreword

We are pleased to present the final report of the Adult, Social Care and Health Select Committee following this scrutiny review of Care Homes for Older People.

The Committee explored why Stockton on Tees Care Homes were not achieving the same level of CQC ratings as the Tees and national average and were tasked to identify what activities could take place by the Care Homes, the Local Authority and wider stakeholders to improve quality in our Homes.

Committee Members enjoyed visiting a number of care homes as part of the review and were struck by the diverse offer and the dedication and commitment of the staff they met.

The Select Committee acknowledge that CQC ratings have been improving over the past two years and recognise the contribution of the Council's quality assurance work and the introduction of the Well Led Programme.

Our recommendations recognise that strong leadership and management is the foundation to improving quality and highlight the importance of personalised care.

Our thanks are extended to all those who contributed to our work.



**Councillor Evaline Cunningham  
Chair**



**Councillor Clare Gamble  
Vice Chair**

## Original Brief

### Which of our strategic corporate objectives does this topic address?

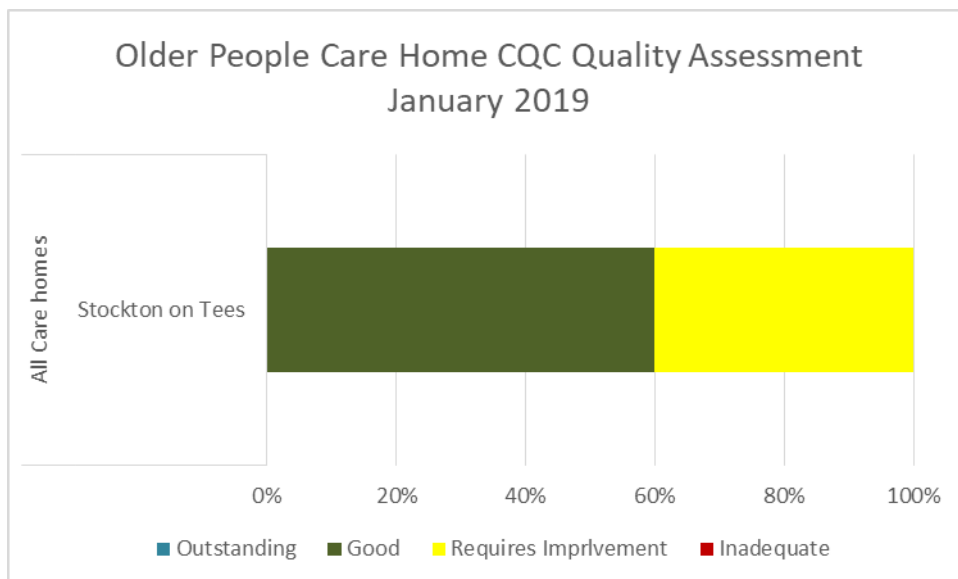
The review relates to the following policy principles:

- Protecting the vulnerable through targeted intervention.
- Developing strong and healthy communities.

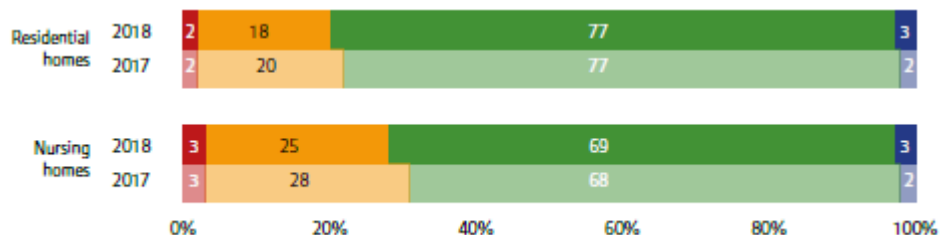
### What are the main issues and overall aim of this review?

The CQC ratings for Care Homes for Older People in the Borough are lower than the national average.

The review would seek to understand the reasons why Care Homes are not achieving the same level of CQC ratings as the Tees and national average and to identify what activities can take place by the Care Homes, Local Authority and wider stakeholders to improve CQC ratings.



### Overall rating by type of service – England 2017/18



The Integrated Strategy Team and the Procurement Team are planning activity with Care Homes to improve quality of provision. Select Committee involvement will support this process.

### The Committee will undertake the following key lines of enquiry:

- What are the Council's legal duties and obligations?
- Identification of the current care home market in Stockton on Tees.
- Is there any un-met need?
- How are services commissioned by Stockton Council and the NHS? Who funds them? Are there alternative approaches?
- What liaison takes place with respite services?
- Understanding of the broader health and social care support that is in place to support care homes.
- What client feedback arrangements are in place?
- What are the mechanisms for addressing concerns raised directly by clients, or through other sources?
- What quality monitoring arrangements are put in place by SBC?
- What is the role of the Care Quality Commission (CQC)? How is best practice shared?
- What are the inspection results for local providers?
- Do quality monitoring arrangements effectively take account of clients' human rights, dignity and social needs (i.e. in practice)?
- How does the Council ensure that achieving value for money does not impact on quality of care?
- What is being done to raise the quality?
- What is the Well Led Programme? And what impact is this having on quality?
- What links are there between care homes and the local community?
- How do we get from good to outstanding?
- What examples are there of outstanding practice and improvements in the quality of provision in other areas?

**Who will the Committee be trying to influence as part of its work?**

Care Home Providers  
SBC Adult Services and Procurement Team  
Hartlepool & Stockton on Tees Clinical Commissioning Group

**Expected duration of review and key milestones:**

5 months

**What information do we need?**

Existing information (background information, existing reports, legislation, central government documents, etc.):

Care Quality Commission – Annual State of Care Report (national report)  
Link to CQC website  
SBC Serious Concerns Protocol  
SBC Market summary  
SBC Quality Assurance Strategy

New information:

Update overview of CQC ratings for local Care Homes

**Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)**

**What specific areas do we want them to cover when they give evidence?**

SBC Adult Services  
SBC Procurement Team

Briefing on the key issues, commissioning process, quality monitoring and improvement process

HaST Clinical Commissioning Group

NHS HAST CCG statutory responsibilities and local NHS investment for residents of Stockton

Tees Esk and Wear Valleys NHS Foundation Trust / North Tees and Hartlepool NHS Foundation Trust

Healthcare services & delivery

Service Providers

Service perspective, through visits/engagement to providers with variety of ratings/ownership. Providers with elements of 'Outstanding' to attend a full Committee Meeting.

CQC

Inspection regime/Inspection results / what makes a service outstanding practice

HealthWatch Stockton-on-Tees

Role of Healthwatch, feedback from service users/carers (including presentation on Final Report on Care Homes)

SBC Members

Experiences of their residents

Carers' and Residents' Groups

Feedback from users/ carers



## Executive Summary

This report presents the outcomes of the Scrutiny Review of Care Homes for Older People. The overall aim of the review was to seek to understand the reasons why Stockton on Tees Care Homes were not achieving the same level of CQC ratings as the Tees and national average and to identify what activities can take place by the Care Homes, the Local Authority and wider stakeholders to improve CQC ratings. The Integrated Strategy Team and the Procurement Team were planning activity with Care Homes to improve quality of provision and the involvement of the Select Committee has supported this process.

The key findings from the review were as follows:

- There are 31 regulated care homes for older people in Stockton on Tees
- The care home market is diverse and caters to a range of needs and preferences
- There is under-occupancy in the market and demand has been reducing. There are however an increasing number of residents with complex needs and an increasing number of dementia patients
- Social Workers complete assessments for eligibility under the Care Act
- There are 1239 residential beds and 339 nursing beds; over 95% of beds are contracted by the Council; the contract is in place until the end of March 2020 and the Council is reviewing the model for future delivery from April 2020
- CQC ratings impact on a care home's occupancy levels and staffing turnover
- Recruitment and retention issues remain key challenges in the sector
- The Healthwatch report highlighted that of the 28 homes they visited over 50% had changed care home manager in the previous 12 months and staffing levels were at the minimum required in many homes to meet residents' needs
- Poor care planning, lack of personalised care and poor records management are often reasons for care home to be inadequate
- The Council's Quality Assurance and Compliance Team and Integrated Strategy Team are working to drive up standards of quality and performance. The Provider Assessment and Market Management Solutions (PAMMS) is an online assessment tool used to assess the quality of care by providers. All Care Homes are due to be assessed between March 2019 and March 2020.
- CQC ratings have improved over the last 12 months
- Strong leadership is the foundation for improving standards in care homes; care home staff that have completed the Council's Well Led Programme have found this extremely useful
- Of the homes that have attended the Well Led Programme, six have subsequently had a CQC assessment. Two maintained their good rating and good in well led and four had improved their well led rating and their overall rating from requires improvement to good
- There was an opportunity for collaborative working with the Care Quality Commission to develop and promote a shared vision for care homes

## **Conclusion**

Recognising that strong leadership and management is the foundation to improving quality, one of the main challenge within the care home sector remains addressing the high turnover of care home managers and staff. The Select Committee commend the Council for their quality assurance work and the introduction of the Well Led Programme. Historically, care homes in Stockton on Tees have not achieved the same level of CQC ratings as the Tees and national average and the Select Committee acknowledge that over the past two years CQC ratings in Stockton have been improving. The recommendations seek to build on this work and ensure that care home staff have the time and skills they need and that our care home residents can enjoy the safe and stimulating environment that they deserve.

## **Recommendations**

That:

1. Recognising the importance of the strong leadership and management and the positive impact of the Well Led Programme, further activity should focus on continuing to improve leadership and management of all care homes in Stockton on Tees and specifically that all care homes be supported to participate in the Well Led Programme and actively participate in the Care Home Leadership and Peer Support Network.
2. 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.
3. 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.
4. Contract monitoring and quality assurance systems ensure that appropriate staffing levels are maintained in care homes.
5. The Council works with all stakeholders to promote and improve the local standing of careers in adult social care.
6. All care homes be required to work towards Dementia Friendly accreditation as part of the new contract arrangements.
7. 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.
8. 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.
9. 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.

## **1.0 Introduction**

1.1 This report presents the outcomes of the Scrutiny Review of Care Homes for Older People. The overall aim of the review was to seek to understand the reasons why Care Homes in Stockton on Tees were not achieving the same level of CQC ratings as the Tees and national average and to identify what activities can take place by the Care Homes, the Local Authority and wider stakeholders to improve CQC ratings. The Integrated Strategy Team and the Procurement Team were planning activity with Care Homes to improve quality of provision and the involvement of the Select Committee has supported this process.

1.2 The Committee explored the following key lines of enquiry:

- What are the Council's legal duties and obligations?
- Identification of the current care home market in Stockton on Tees.
- Is there any un-met need?
- How are services commissioned by Stockton Council and the NHS? Who funds them? Are there alternative approaches?
- What liaison takes place with respite services?
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- How does the Council ensure that achieving value for money does not impact on quality of care?
- What is being done to raise the quality?
- What is the Well Led Programme? And what impact is this having on quality?
- What links are there between care homes and the local community?
- How do we get from good to outstanding?
- What examples are there of outstanding practice and improvements in the quality of provision in other areas?

## **2.0 Evidence**

### **Background**

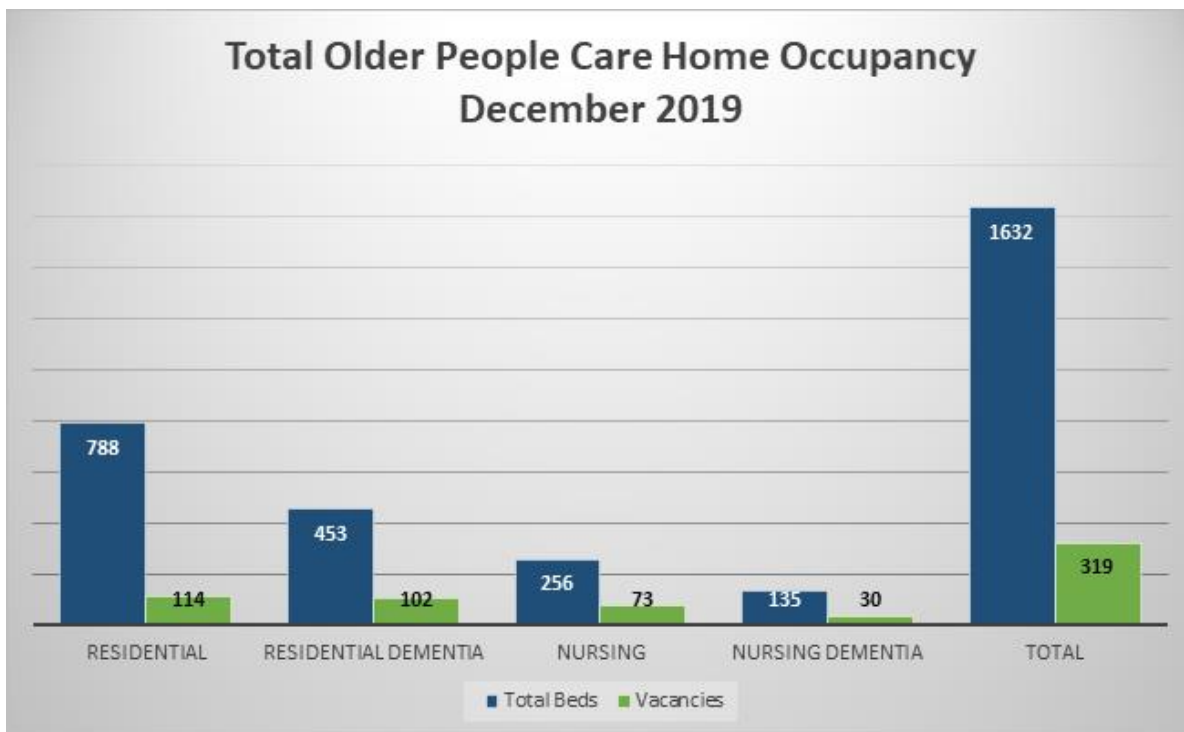
#### **Care Home Market in Stockton on Tees**

2.1 There are 31 regulated care homes for older people in contract in Stockton on Tees. This offers 1578 care home beds of which:

- 78.5% are residential / residential dementia beds
- 21.5% are nursing / nursing dementia

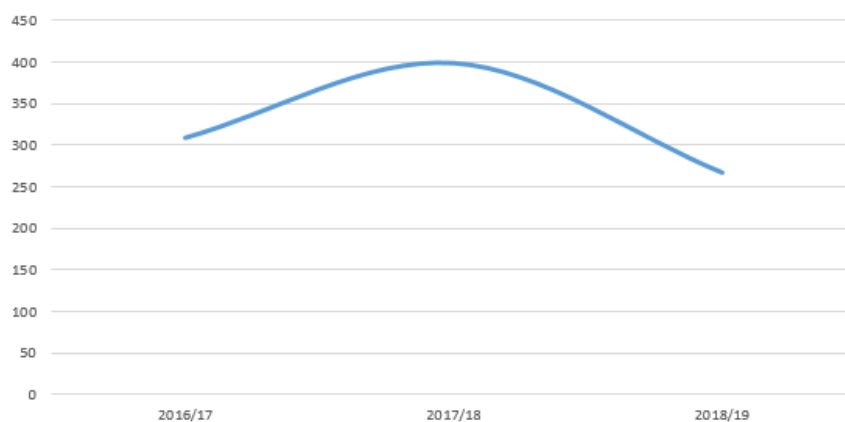
## Capacity and Demand

2.2 The graphs below illustrate that there is capacity in the market and that demand for beds has reduced due to older people remaining at home through supported living.



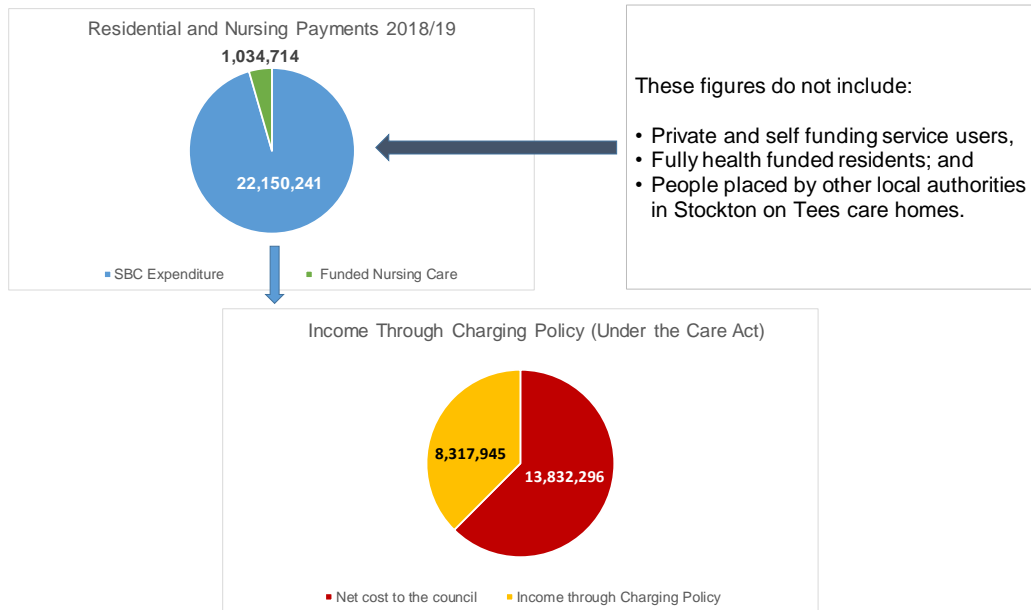
## Demand

People aged 65 and over who have been admitted to residential and nursing care homes



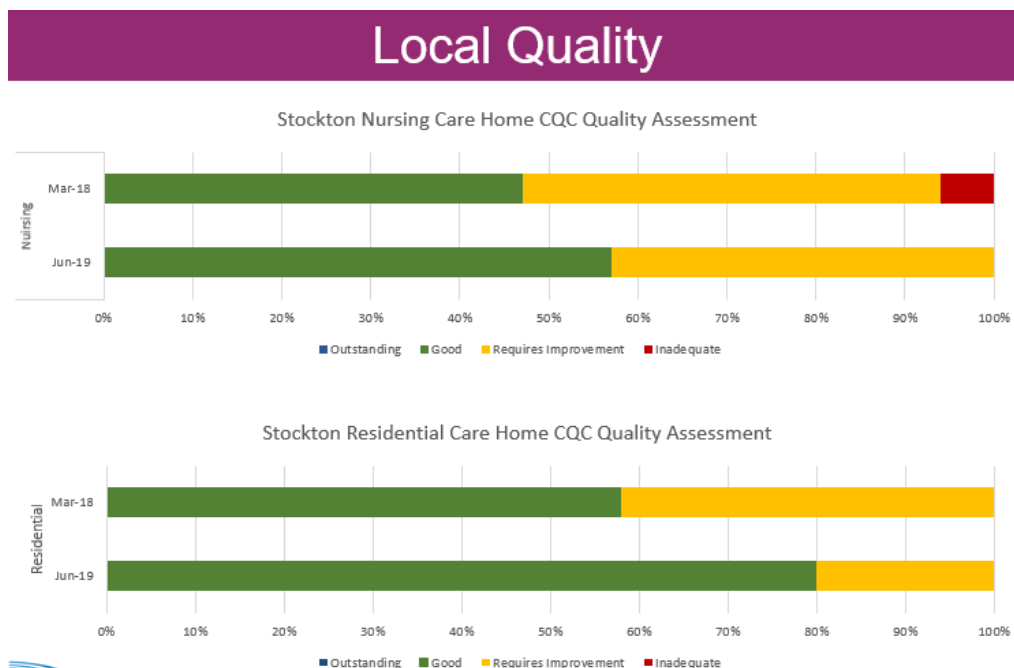
## Funding

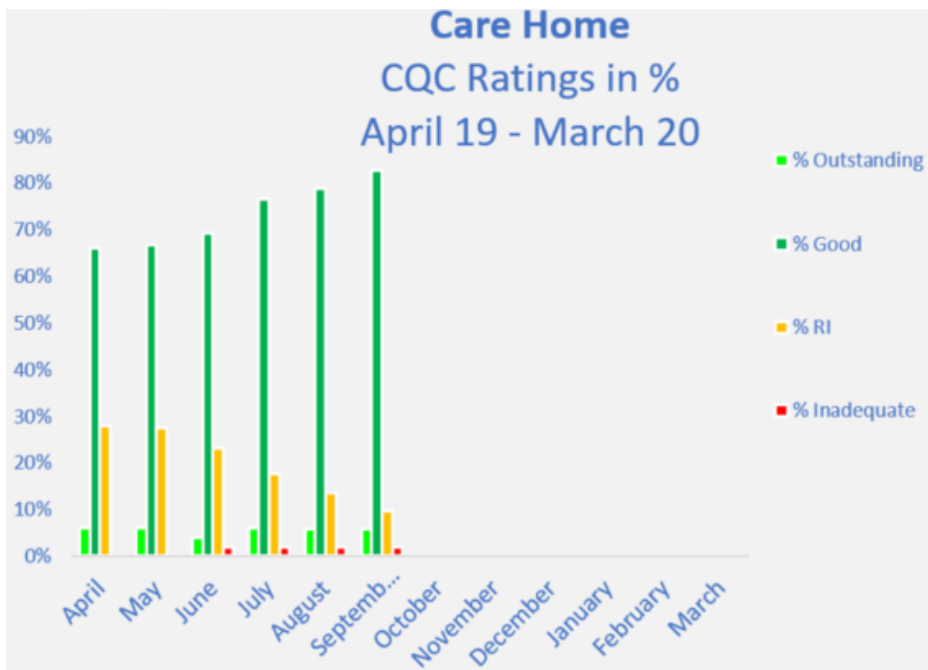
2.3 The graphs below illustrates Council expenditure on residential and nursing beds and the net cost to the Council after charges.



## Local Quality

2.4 Care Homes in Stockton on Tees have not been achieving the same level of CQC ratings as the Tees and national average. However, ratings have been improving:





### Quality Assurance and Compliance

2.5 Of the 31 older people's care homes the Local Authority contracts with:

- Residential = 788 beds (50%)
- Residential Dementia = 453 beds (29%)
- General Nursing = 256 beds (16%)
- Nursing Dementia = 135 beds (9%)

2.6 The contract is in place until end of March 2020 and the Council is currently reviewing the model for future delivery from April 2020.

2.7 During 2019 further engagement and consultation took place with Care Home providers:

- To help drive up standards of quality and performance, the Local Authority has a dedicated team
- The function is to monitor and improve the service delivery, quality and safety of services through proactive work and learning through good practice elsewhere with the aim of improving CQC ratings across all care home and homecare services
- Create a partnership approach with providers with shared objectives
- Manage and deliver a risk based quality improvement programme using our Quality Assurance Strategy for CQC Regulated Adult Services (including CQC Non-Regulated Adult Day Services) and assessment system – PAMMS

## **Quality Assurance Process and Strategy Vision**

2.8 The quality assurance process seeks to ensure that the quality of CQC regulated adult services including CQC non-regulated adult day services becomes everyone's responsibility, where information and intelligence is routinely and consistently shared and effectively responded to so that service users, family members and carers can be confident that the support and care being delivered is of a good quality.

2.9 The quality assurance strategy focuses on fostering and embedding a culture of high quality and continuous improvement in CQC regulated adult services including CQC non-regulated adult day services across Stockton-on-Tees. It fully embeds a whole system approach where quality standards and expectations are clearly communicated and owned; and key stakeholders work collaboratively to ensure that quality is delivered.

## **Setting Standards**

2.10 In March 2019 the Council introduced the Provider Assessment and Market Management Solutions (PAMMS) in the quality assurance process. PAMMS is an online assessment tool developed in collaboration with Directors of Adult Social Services (ADASS) East and Regional Local Authorities. It is designed to assist in the assessment of the quality of care delivered by providers.

2.11 The PAMMS assessment consists of a series of questions over a number of domains and quality standards that forms a risk-based scoring system to ensure equality of approach. The PAMMS domains are:

- Assessment, Care Planning & Review
- Service User Experience
- Staff Knowledge & Understanding
- Staff Training & Recruitment
- Environment, Equipment & General Safety
- Leadership, Quality Assurance & Management

## **Tools And Processes**

2.12 The approach to quality assurance is supported by a person-centred approach and a range of processes and tools that will help gather information on the quality of contracted regulated adult services and adult day services. This gives confidence that there is a good picture of the quality of contracted services, and where additional support and monitoring oversight is required.

2.13 The PAMMS quality assurance system and QuAD (Quality Assurance Dashboard) for collating and presenting the range of intelligence submitted are the tools used for monitoring quality. They are operated by the Council and the collated data is shared with council internal stakeholders and relevant external stakeholders.

2.14 Robust processes underpin each quality threshold level and appropriate processes implemented to support and encourage feedback and sharing of intelligence from professionals,

stakeholders (including service users, their families/carers) and others who may have contact with service users:

- All Care Homes to undertake a PAMMS assessment
- The Council has a scheduled programme of assessments planned over the 12 months March 2019 to March 2020 with all homes being assessed within this timeframe
- As a minimum all CQC regulated services will be required to undertake an annual PAMMS quality assurance assessment. Assessments will be planned around priority of support / level of risk, taking into account factors including date of last CQC report, outcome from most recent CQC report, other intelligence that increases the risk of service quality deterioration

### **Role of The Social Worker**

2.15 Social Workers complete assessments for eligibility under the Care Act and support clients in accessing placements. They also:

- Complete six week reviews within the care homes
- Complete annual reviews within the care home (or earlier if any change in need identified)
- Complete Best Interests Assessments in accordance with the Deprivation of Liberty Safeguards
- Throughout all of these, any issues that are identified, are raised with the procurement team or safeguarding if risk to self or others. Safeguarding risks are responded to and risk management plans implemented
- Implement the Serious Concerns Protocol when required
- Attend Information sharing meetings with procurement and CQC to share soft intelligence
- Provide safeguarding policies/procedures to care homes
- Provide access to online training for all staff
- Provide two day safeguarding course for all registered managers
- Provide six monthly briefs at provider forums regarding safeguarding and Deprivation of Liberty

### **Role of the Clinical Commissioning Group (CCG)**

2.16 The CCG is the statutory NHS body responsible for health care services for their local area including:

- Delegated responsibility for Primary Care
- Emergency/ urgent care including ambulance services and out of hours services
- Community health services
- Maternity services
- Elective care
- Rehabilitation services
- Mental Health Services
- Learning Disability Services
- Continuing Health Care



2.17 The CCG has delegated commissioning responsibility to the Local Authority for the nursing and residential sector under a section 75 agreement and work in close partnership with the Council and other partners in relation to serious concerns protocol and safeguarding.

2.18 The CCG commission a range of services including:

- Hospital Services
  - GP/ Primary Care
  - Community nursing e.g. District Nurses
  - Therapy Support
  - Support for residents with specific Long Term Conditions and needs e.g. Diabetes, Heart Failure, podiatry, Speech and Language
  - Nutrition and Dietetics
  - Community Matrons
  - Single Point of Access
  - Mental Health and Dementia services
  - Equipment services
- Care Home Training and Education Programme including Digital Technology
- Proactive Intensive Community Liaison Service
- Falls prevention in care homes
- Red Bag scheme
- Capacity Tracker
- Touchscreen technology in care homes
- Medicines Optimisation in Care Homes scheme
- Provision of mutual aid to sustain the market
- Primary Care Networks – Enhanced Health in Care Homes (April 2020)
- NHS funded Regular Engagement:
  - Events
  - 1:1 support/ discussions with commissioners and clinicians to improve quality

### **Mental Health Services – Evidence from Tees Esk and Wear Valleys NHS FT (TEWV)**

TEWV provide the following services:

- Intensive Community Liaison Service
- Proactive Intensive Community Liaison Service- Stockton
- Community Mental Health Team (CMHT) including Memory Clinic
- Inpatient wards- Westerdale South (Organic 14 bedded unit) and Westerdale North (Functional 20 bedded unit) both currently based at Sandwell Park Hospital, Hartlepool
- Crisis Team

Referral to the core Intensive Community Liaison Services have been steadily increasing:

#### Referrals to core ICLS

- 2013-2014 892
- 2014-2015 1571
- 2016-2017 1789
- 2017-2018 1988
- 2018-2019 2833

2.19 This is due to a range of factors including:

- Delirium
- Co-existing conditions and complexity of individual clients. Higher levels of risk
- Complexity of client group mix in any one environment
- Care home issues, embargoes
- Indirect activity linked to placement change and safeguarding, CPA and MDT work, training, capacity assessment etc.
- Increased support to staff for complex BSP and delivery of care
- Admission prevention
- Early discharge support

2.20 The numbers of red referrals has also risen due to:

- Complexity of client need
- Out of hours accessibility
- Delirium
- Limited contingencies
- Lack of nursing beds
- Care home environment, workforce issues
- Dependency levels in homes

#### Service User and Client Feedback

2.22 The Trust use the Friends & Family Test seeking feedback from patients and carers. Feedback from North Tees and Hartlepool Education Alliance training sessions provided to care home staff revealed that 100% of staff found training informative, 99% of attendees would take positive action to improve client's wellbeing following the training and 98.9% felt they could now recognise a deterioration in the client's condition. Regular feedback is also sought from care homes in relation to the support provided and how this could be improved.

#### Quality Monitoring Arrangements

2.23 The Trust work closely with the Council and the CCG including commissioning and safeguarding and triangulate information if concerns are identified. Intensive support is provided for care homes experiencing difficulties.

The barriers to delivering quality services included:

- Co-existing conditions and complexity of individual clients
- Complexity of client group mix in any one environment
- Staff recruitment and retention

### **North Tees and Hartlepool NHS Foundation Trust (NTHFT)**

2.24 NTHFT provided the following services:

**Education, Training and Awareness** through the North Tees and Hartlepool Education Alliance and in conjunction with TEWV.

**Community Matron & Rapid Response Service** provide proactive and reactive support to care home managers, staff and patients 7 days a week Monday to Friday 0800-2000. The team work with all members of the multidisciplinary team. All care homes have a community matron aligned to the home. To support the delivery of safe quality care to care home residents the community matron team work with the Acute Trust, TEWV, Local Authority GPs and other community Nursing and therapy services. The community matron's would link with rapid response as necessary for any support - rapid response would link with community matrons as required.

**Community Integrated Assessment Team** provide rehabilitation support to people within care homes. The service is delivered by therapists with a broad set of skills to support frailty within the care home setting. The assessment provided by the team looks at physical needs, functional needs, and social care needs. The assessment is largely based on understanding current and ongoing risk to the individual and then putting an action plan in place to address these risks. Regular activities provided by the service are to provide equipment to support with safety and improved function, physical exercises, falls management and risk reduction, links with community matron and safe moving and handling.

The service is closely supported by the Single Point of Access (SPA); any escalated requirements by the care home are linked into the SPA. The SPA in addition has links into a working clinical MDT (Multi-Disciplinary Team) situated within the SPA that is able to provide immediate advice and support or co-ordinate an appropriate response. This service has access into information across health and social care about the care home resident and also receives a live information feed regarding an individual's "basic observations" taken within the care home. This supports rapid decision making during any escalations in care as a broad set of information is available that is both clinical and non-clinical District Nursing Services.

**Integrated Discharge Team** have promoted an open door culture with staff from the care homes and provided a single point of communication in the Hospital for any queries that they require support with. The IDT have worked with the CCG and the Council to embed a 14 day pathway to try and reduce the number of DST's (Decision Support Tool) completed in the Hospital. In Stockton the pathway can be provided in all care homes. The Trust have identified the area of enhanced care / 1:1 provision as an area of concern for patients being discharged from Hospital and are working with colleagues in Continuing Healthcare (CHC) to understand

the enhanced care / 1:1 provision that goes into care homes. Close working with care homes is vital in order to understand the requirements of enhanced care and to provide this service when it is required but to also reduce it when an individual's needs change. A key area of improvement was the "Red Bag" scheme to improve communication between care homes and hospitals and was used to transfer paperwork, medication and personal belongings with the resident throughout their hospital stay and then returned home with the resident.

**District Nursing Services** provide a 24 hour responsive service to care homes across both localities. The service is provided 7 days per week, 365 days per year. The services delivered include planned care for any residents with known needs and also reactive care for any residents who require Registered Nursing care to support their care needs e.g. post fall wound management. District Nursing also provides support and care for palliative and end of life care. District Nurses will work closely with Community Matron's as required and also link with the wider health and social care MDT as required.

### **Relationship with Care Homes**

The Trust felt that the relationship with homes was on the whole good. With regard to discharge, the Trust were working on an action plan which looked at changes to the way discharges were managed. It was evident that relationships could be improved but on the whole the feedback suggested an improving picture of working in collaboration. Key areas of improvement included the provision of accurate information upon discharge including the DNAR (Do not attempt resuscitation) form, if this is appropriate.

2.25 The barriers to delivering quality services included:

- Staff not being able to be released by care homes for training due to being on duty or the home not being able to afford to pay staff for training. Offering the training within the homes, free of charge and at very flexible times has helped overcome these barriers to some extent
- Constantly changing care home managers
- Lack of access to IT for care home staff
- Turnover of staff

### **Evidence from the Care Quality Commission (CQC)**

2.26 The purpose and role of the CQC is to:

- Make sure health and social care services provide people with safe, effective, compassionate, high-quality care and they encourage care services to improve
- Register providers
- Monitor and inspect providers
- Enforcement powers

2.27 The CQC use "The Mum (or anyone you love) Test" i.e. is the care good enough for your Mum or Dad?

## What do the overall CQC ratings mean?



### Outstanding

The service is performing exceptionally well.



### Good

The service is performing well and meeting our expectations.



### Requires improvement

The service isn't performing as well as it should and we have told the service how it must improve.

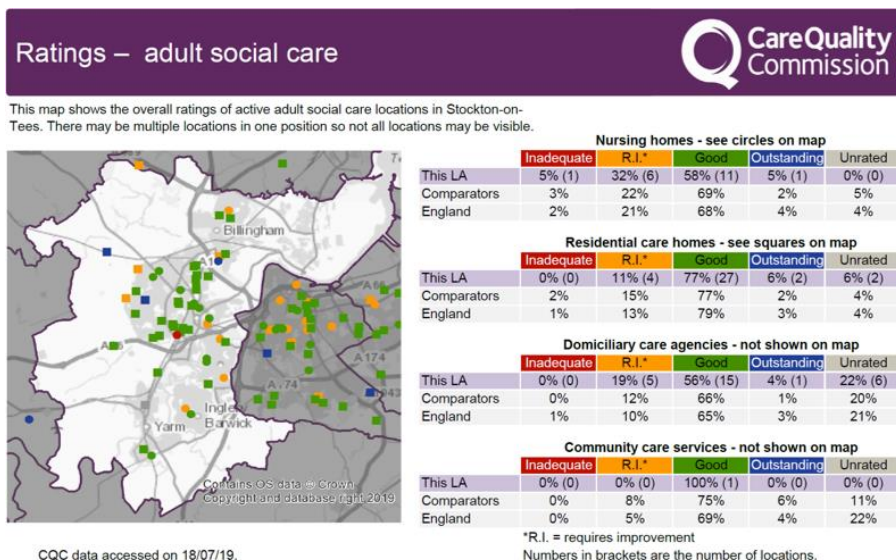


### Inadequate

The service is performing badly and we've taken action against the person or organisation that runs it.

## CQC Ratings for Stockton

2.28 The following graphs illustrate the overall ratings of care homes in Stockton on Tees compared with national ratings:



2.29 A service may be inadequate for the following reasons:

- Unawareness of best practice and notifications not being made to CQC
- Lack of supervision and training opportunities
- Ineffective systems to identify and manage risks / no process to assess lessons learned
- Regular management changes / no registered manager
- Poor care planning / lack of personalised care
- Closed culture – views not listened to or acted on
- Underdeveloped partnership working and community links

2.30 Conversely themes from Well-Led/ Outstanding inspections included the following features:

- People who use services, relatives and staff speak highly of the service
- Effective monitoring and quality assurance
- 75% of services had a registered manager in post consistently
- Open culture – people who use services/ staff/ relatives shared views and issues
- Good leadership extends beyond the manager and includes the provider
- A can do, will do attitude
- Strong links with local community
- Safe care actively promoted – effective oversight of care and staff communication
- People receiving end of life care treated with exceptional care and compassion
- Personalised care to meet individual needs – one person who came to the service for end of life care improved so much they went home
- Strong links with the local hospice and palliative care coordinator, who provided training recommendations for all staff

### **Evidence from Healthwatch**

2.31 Healthwatch is the independent champion for people who use health and social care services. They also have enter and view powers to:

- See and hear first-hand experiences about the service
- Observe how the service is delivered
- Collect the views of service users at point of service delivery
- Collect views of carers, relatives and staff members
- Observe nature and quality of services
- Report back to providers, CQC, Local Authority, Commissioners etc.

2.32 In 2019 Healthwatch published a report “*What is it like to live in a care home for older people in Stockton on Tees?*”

2.33 34 care homes were invited to participate, 28 Enter and View Visits were made and questionnaires were left at two homes; four services chose not to participate. An on-line survey was also available.

2.34 An assessment of the quality of care homes was based on the following quality indicators:

- Strong , visible management
- Staff with the time and skills to do their job
- Good knowledge of each individual resident and how their needs may be changing
- Offer a varied programme of activities
- Offer quality, choice and flexibility around food and mealtimes Ensure residents’ can regularly see health professionals such as GP’s dentists, opticians and chiropodists
- Accommodate residents’ personal, cultural and lifestyle needs
- Be an open environment where feedback is actively sought and used

2.35 Members noted the following key findings:

- Of the 28 services visited, over 50% had changed care home manager in the previous 12 months
- A lack of time was highlighted and in many of the services visited staffing levels were often only at the minimum level to meet the resident's assessed needs
- It was often difficult for care home staff to be released for training
- Not all care homes had a good selection of organised activities and personalised activities were not always offered
- The number of patients with Dementia and challenging behaviours were increasing and this could have an adverse effect on other residents. The care home environment was not always beneficial for dementia patients and, in particular, lack of access to outside space in some homes

2.36 Their report contained a range of detailed recommendations focusing on personalised care and support for staff and the Select Committee were advised that Healthwatch would be making follow up visits to homes.

### **How can Care Homes move from Good to Outstanding? A Provider Perspective**

2.37 Adam Knights from Knights Care gave a presentation on improving quality in care homes. Adam felt that visible and strong management from providers was essential and that achieving good on the well led domain was the foundation to achieving good on the other domains. He therefore felt that the Well Led Programme was a great idea as strong management was important to the success of any home.

2.38 He felt that weekly visits from the provider to all homes were essential in order to provide the support to staff and understand their needs. It was essential that homes operated with the right staffing levels and staff had the tools to do their jobs properly. Homes also had to be resident focused.

2.39 In terms of compliance management, it was important that all records and systems were transparent. Where homes were Requiring Improvement, it was usually due to poor records management. Computerised systems were invaluable, particularly for care plans and he was trialling a computerised eMAR (electronic medication administration record). He felt that a computerised approach enhanced transparency and reduced the risk of errors being made.

2.40 There was an abundance of resources available to support care home staff including the CQC website, consultants, seminars, and speaking with Inspectors. The key was having a willingness to learn and improve.

### ***Achieving Good – What Knights Care do:***

- Have a strong and positive culture and be resident focused
- Be clear about what it is you might want to achieve and how you will get there
- Employ and retain strong management
- Empower people to work hard and allow them to be great at what they do
- Compliance management – Policies, audits and systems
- Maintain estate and don't stop evolving
- Have a meaningful activities programme

- Good quality food – taking into account feedback from residents
- Effective Care Planning – Knights Care had dedicated care plan managers
- Effective meds management
- Keep a lean Head Office and employ the staff that the home requires

***What impact does a rating of good or outstanding have on a care home?***

- Huge impact
- Affects reputation
- Ability to attract new residents and remain visible
- Ability to attract high quality staff
- Staff retention
- Financial stability and future success
- Improved resident outcomes and lifestyle improvement

**Member Visits to Care Homes**

2.42 As part of the review, Committee Members visited the following Care Homes:

- Stockton Lodge Care
- Ingleby
- Church View
- Chestnut Lodge
- Woodside Grange

2.43 Members made the following overall observations as part of the visits:

- The care home market was diverse and catered to a range of preferences
- Those homes that had taken part in the Well Led Programme had found it very helpful and all felt that they received good support from Stockton
- In general Members were impressed by the quality of provision, staff interaction with residents and the activities programmes. It was observed in one of the homes visited that staff seemed very stretched and struggling to cope on the day of the visit
- Digital technology was seen as an opportunity to save staff time and reduce risk
- Relationships with the community matrons were positive
- One home reported that red bags were not being returned with residents following hospital discharge
- There were still some issues experienced in relation to hospital admissions and discharge
- Links with the local community varied from home to home
- Security and access arrangements varied from home to home, depending on the nature of the home. However, all had to meet relevant Regulations relating to fire safety and safe care and treatment. The Council checks these arrangements through the PAMMS assessment and the CQC review this issue when they look at the Safe Domain as part of their inspections
- Fee levels under the SBC contract reflect the providers' actual costs. However, as highlighted earlier in the report , where an individual home's occupancy levels are too low this could impact



## **Well Led Leadership Programme and Care Home Provider and Registered Manager Meetings**

2.44 In June 2018 Stockton on Tees Borough Council implemented the Well Led programme in partnership with the North East NHS Leadership Academy (NELA), CQC, providers and registered managers. The development of the Well Led leadership Programme, the first that NELA had developed in social care and in partnership with a local authority and independent providers, was in response to concern over the performance of residential and nursing homes in Stockton on Tees to their CQC assessment for leadership (only 50% achieved good / outstanding in June 2018).

2.45 The overall aim of the Well Led programme, was to find a way:

- To work together as a local network of Registered Managers, irrespective of the homes ownership, to develop the care and support across Stockton on Tees;
- To deliver actual step change in the way Registered Managers lead, motivate and support their staff; and
- To work in synergy with the regulator, CQC, to monitor and evaluate the impact of the well led leadership programme and changes implemented as a direct result of the course.

2.46 The programme, co-designed with care home owners and their registered managers was developed to ensure it was accessible to all and delivered in a way that ensured all the learning had a practical and tangible impact on the home. The programme was designed and approved by providers with the following characteristics:

- **Time:** The four day programme was delivered over four months (one day per month) reflected their expectations time commitments and experiences, but also to provide them the opportunity to implement learning in the home and review in their cohorts;
- **Groups:** Trust was a key element of the programme: it had to be a safe place for managers to have honest conversations and share experiences. Two cohorts of 20 were established and these remained unchanged for the entire 4 month programme;
- **Challenge:** Managers did not want theory: they wanted to address challenges in their own homes, organisations and own experiences. NELA agreed to run the programme based on “action learning sets”: a process that involves small groups working on real problems. The intention that relationships would develop and shared learning and experiences would facilitate a “seed change” in the values and attitudes of care home managers and the owners.

2.47 The results so far have been excellent:

- 40 places were made available to all our care homes (primarily older people but open to homes supporting residents with mental health care and support for learning disabilities). We were oversubscribed with 42 being registered and 34 Registered Managers completing the programme;
- The programme has been heavily delegate led: the Well Led Programme has been delivered with the assumption that managers know what is needed to improve. The programme does not, therefore, tell them what to do; it simply gives them guidance, permission and time to think together and differently;

- Feedback from participants has been very positive: the change in their thinking, feeling of solidarity across providers and an openness to sharing and learning that has not been achieved before has provided a foundation for a better appreciation of not just what and why we deliver good care; but how delivering excellent care needs them to understand the impact of change on themselves, their staff and how and why people behave as they do in emotional and pressured environments; and
- Of the homes that attended, six have subsequently had a CQC assessment. two maintained their good rating and good in well led and four improved their well led rating and their overall rating from requires improvement to good.

## **Key Findings**

- There are 31 regulated care homes for older people in Stockton on Tees
- The care home market is diverse and caters to a range of needs and preferences
- There is under-occupancy in the market and demand has been reducing. There are however an increasing number of residents with complex needs and an increasing number of dementia patients
- Social Workers complete assessments for eligibility under the Care Act
- There are 1239 residential beds and 339 nursing beds; over 95% of beds are contracted by the Council; the contract is in place until the end of March 2020 and the Council is reviewing the model for future delivery from April 2020
- CQC ratings impact on a care home's occupancy levels and staffing turnover
- Recruitment and retention issues remain key challenges in the sector
- The Healthwatch report highlighted that of the 28 homes they visited over 50% had changed care home manager in the previous 12 months and staffing levels were at the minimum required in many homes to meet residents' needs
- Poor care planning, lack of personalised care and poor records management are often reasons for care home to be inadequate
- The Council's Quality Assurance and Compliance Team and Integrated Strategy Team are working to drive up standards of quality and performance. The Provider Assessment and Market Management Solutions (PAMMS) is an online assessment tool used to assess the quality of care by providers. All Care Homes are due to be assessed between March 2019 and March 2020.
- CQC ratings have improved over the last 12 months
- Strong leadership is the foundation for improving standards in care homes; care home staff that have completed the Council's Well Led Programme have found this extremely useful
- Of the homes that have attended the Well Led Programme, six have subsequently had a CQC assessment. Two maintained their good rating and good in well led and four had improved their well led rating and their overall rating from requires improvement to good
- There was an opportunity for collaborative working with the Care Quality Commission to develop and promote a shared vision for care homes

## **Conclusion**

Recognising that strong leadership and management is the foundation to improving quality, one of the main challenge within the care home sector remains addressing the high turnover of care home managers and staff. The Select Committee commend the Council for their quality assurance work and the introduction of the Well Led Programme. Historically, care homes in Stockton on Tees have not achieved the same level of CQC ratings as the Tees and national average and the Select Committee acknowledge that over the past two years CQC ratings in Stockton have been improving. The recommendations seek to build on this work and ensure that care home staff have the time and skills they need and that our care home residents can enjoy the safe and stimulating environment that they deserve.

## **Recommendations**

That:

1. Recognising the importance of the strong leadership and management and the positive impact of the Well Led Programme, further activity should focus on continuing to improve leadership and management of all care homes in Stockton on Tees and specifically that all care homes be supported to participate in the Well Led Programme and actively participate in the Care Home Leadership and Peer Support Network.
2. 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.
3. 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.
4. Contract monitoring and quality assurance systems ensure that appropriate staffing levels are maintained in care homes.
5. The Council works with all stakeholders to promote and improve the local standing of careers in adult social care.
6. All care homes be required to work towards Dementia Friendly accreditation as part of the new contract arrangements.
7. 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.
8. 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.
9. 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.

## **GLOSSARY**

CCG	Clinical Commissioning Group
CQC	Care Quality Commission
SBC	Stockton on Tees Borough Council
CCG	Clinical Commissioning Group
PAMMS	Provider Assessment and Market Management Solutions
ADASS	Association of Directors of Adult Social Services
QuAD	Quality Assurance Dashboard
TEWV	Tees, Esk and Wear Valley NHS Foundation Trust
CMHT	Community Mental Health Team
ICLS	Intensive Community Liaison Service
CPA	Care Programme Approach
MDT	Multi-Disciplinary Team
BSP	Behavioural Support Plan
NTHFT	North Tees and Hartlepool NHS Foundation Trust
SPA	Single Point of Access
IDT	Integrated Discharge Team
CHC	Community Healthcare
DNAR	Do Not Attempt Resuscitation
eMAR	Electronic Medication Administration Record
NELA	North East Leadership Academy