

<b>14 January 2014</b>		<b>ITEM: 7</b>
<b>Health and Well-being Overview and Scrutiny Committee</b>		
Quality of Domiciliary and Residential Care and new CQC Inspection Regime		
<b>Report of:</b> Louise Brosnan – Service Manager, Contract compliance & Brokerage		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non key	
<b>Accountable Head of Service:</b> Les Billingham – Head of Adult Services		
<b>Accountable Director:</b> Roger Harris – Director of Adults Health and Commissioning		
<b>This report is</b> Public		
<b>Purpose of Report:</b> To promote awareness of the proposed changes to the CQC inspection regime and an update on how we maintain the quality of care being provided in Thurrock.		

## **EXECUTIVE SUMMARY**

- The Care Quality Commission has announced proposals for a new system of inspecting providers
- This will include monitoring of the finances of providers that would be difficult to replace were they to go out of business
- The changes will be introduced under the leadership of the new Chief Inspector of Adult Social Care
- Advance publication of the proposals provides an opportunity for robust and meaningful consultation

### **1. RECOMMENDATIONS:**

- 1.1 HOSC is asked to note the proposed changes to the CQC registration and inspection regime and comment on the Thurrock Council existing arrangements.**

### **2. INTRODUCTION AND BACKGROUND:**

#### **2.1 Proposed changes to the CQC inspection and regulation arrangements:**

The Care Quality Commission has announced proposals for a new approach to monitoring, inspecting and regulating social care services. They will be carrying out formal consultation on the proposals until spring 2014; some changes will be introduced from April 2014 and tested in the summer of 2014. All of the

changes including new ratings of care providers are expected to be in place by October 2014 (subject to enactment of the care bill).

Imbedded throughout all of their inspection activity will be five key questions it will ask of services. They are:

- Are they safe
- Are they effective
- Are they caring
- Are they responsive
- Are they well led

One of the proposed changes is the appointment of a Chief Inspector, there is also felt to be a need to encourage care home providers to think about how they can be involved with their local communities, for example by having a twinning arrangement with a local school. One of the more controversial proposals is to introduce the use of mystery shoppers and hidden cameras. They will also now be looking at the financial viability of some providers, specifically those that would be difficult to replace if they were to go out of business.

The 10 top changes that CQC would want to take place are:

1. More systematic use of people's views and experiences, including complaints.
2. Inspections by expert inspectors, with more Experts by Experience and specialist advisors.
3. Tougher action in response to breaches of regulations, particularly when services are without a registered manager for too long.
4. Checking providers who apply to be registered have the right values and motives, as well as ability and experience.
5. Ratings to support people's choice of service and drive improvement.
6. Frequency of inspection to be based on ratings, rather than annually.
7. Better data and analysis to help us target our efforts.
8. New standards and guidance to underpin the five key questions CQC asks of services – are they safe, effective, caring, responsive and well-led? – with personalisation and choice at their heart.
9. Avoiding duplicating activity with local authorities.
10. Focus on leadership, governance and culture, with a different approach for larger and smaller providers

The ratings system being proposed by CQC will offer assistance to people in the process of selecting a care provider. This is often an extremely stressful period and support and guidance during this period is fundamental to making an informed and prudent choice. Thurrock Council's own performance framework gives providers a numerical score and rates them as poor, adequate, good or excellent, publication of these reports is being considered in order to offer people additional guidance when selecting a care provider. Paying providers who obtain an excellent rating at an enhanced rate has also been considered, which would incentivise providers to strive to continually improve the quality of the services being delivered. It has also been acknowledged within the proposal document that more needs to be done to ensure that the quality of care delivered in a person's own home is comprehensively assessed. This is much more difficult than assessing care being delivered in residential care homes.

## **2.2 Thurrock Contract monitoring arrangements:**

Thurrock Council has contracts for the delivery of care services with over 150 providers both in and out of borough and commissions domiciliary home care for almost 1000 people in Thurrock.

Thurrock Council currently uses the ADASS East of England standard documentation and quality and performance framework for contracting with providers and for monitoring all care provision. The East of England councils have collaborated to develop a standard set of documents and processes for contracting for adult social care and housing support services across the region. The standardisation of this documentation will simplify the process for providers as they will be contracting on the same terms with all councils within the region. The documentation includes a standard set of Terms and Conditions of Contract, Service Specifications and Quality and Performance schedules for residential care homes, domiciliary home care and non regulated services such as supported living and day care.

The region has also developed a quality framework which encapsulates the common Quality Standards for adult social care agreed by the 11 Councils, and maps these to the CQC Essential Standards of quality and safety. The framework enables the Councils to share quality and performance information thus improving efficiency and driving up the quality of services.

Part of this new regional monitoring regime is the introduction of observation of the care being delivered in a person's own home which is in line with the changes being proposed by CQC. Thurrock Council's Contract compliance & Brokerage team has always monitored the quality of care being delivered in the community and we are the only council in the Eastern region to have previously monitored this service.

Each one of our commissioned domiciliary home care providers receives a minimum of an annual contract compliance visit from the team in line with our

schedule for all of our care providers, we use a risk based approach and where issues may have been identified providers could be monitored as frequently as weekly. In addition to this one day each month is spent in the community monitoring the care being delivered by each home care provider to ensure people who use the services are receiving their commissioned hours, are not being rushed and care workers are respectful and consider a persons dignity when delivering care. The officers are also encouraged to look at other solutions for people outside of our usual services in line with the drive for more community based solutions and the asset based community development approach. The team often liaise with the Local Area Coordinators when they identify someone who may be appropriate for community input and in some cases where no LAC is available will look at suitable community based solutions themselves.

We have started conducting some joint visits with the CCG which have proved beneficial for both sides as knowledge and expertise is shared across the teams. The ADASS Eastern Region have also had additional guidance written by one of the CCG's in the region for monitoring of nursing homes and we are in discussions with the Thurrock CCG to see if they can start to use the same performance framework as us. This would create efficiencies for all parties as social care and health would be sharing resource and not duplicating activity and providers would not receive separate reports from both commissioners which may have differing requirements. This is a challenging period for health and social care and also for providers, they have not received fee increases for a number of years and there are many changes to the system being proposed by Andrew Dilnot and The Care Bill which will have implications for providers. The price we pay for residential care has led to a scarcity of in borough placements for older adults, particularly nursing placements as most other boroughs pay higher weekly rates than us and placements are frequently given to people from outside of the borough. This often means we have to place people outside of Thurrock which means we are forced to pay higher rates and also increases anxiety for many people at what is already an extremely stressful time.

Thurrock Councils contract compliance team has always maintained a robust approach towards monitoring of its care services and it continues to be one of the most proactive councils within the region. We work very closely with CQC and liaise with the inspectors when planning our visits to ensure we are not duplicating activity. All of our contract compliance reports are shared with CQC, the CCG and are also shared regionally for benchmarking against our comparators. CQC use our reports to inform their own schedule of inspections. Our proactive approach in this area has meant that we been able to sustain reasonable standards of care across the borough. There have been a number of occasions when our input and increased monitoring presence have prevented services form deteriorating to the extent that we have seen elsewhere in the country.

### **2.3 Proactively working with providers**

One residential provider in particular recently experienced some serious quality failings, a manager that had been in post for a number of years left the organisation and the provider took too long to employ their replacement. Our experience in this area meant that we knew of the destabilising affect the loss of a good manager can have on a service. Fortunately our proactive approach and the partnership relationship we have with our providers meant that we were fully aware that this manager had moved on. We subsequently observed a rapid deterioration in the standard of care being delivered but due to our timely intervention were able to help to stabilise the service and work with them to improve the standard of care being delivered. Early detection of these issues and the support that we offered this provider led to them not only improving to an acceptable standard but they went on to become our best in borough provider within their particular area of expertise.

## **2.4 Future Challenges**

There are a lot of challenges for us to face in this area but some of these challenges could also bring opportunities, it is up to us to ensure that these threats and challenges are worked upon to turn them into exciting and innovative prospects. There is a drive to reduce dependence and where appropriate move people out of residential care and promote independence. This will bring about improved outcomes for the person utilising the service and also reduce costs for the council. There are also many opportunities for efficiencies with the integration of health and social care. Improving these joint working arrangements and starting to commission and manage providers jointly will again improve outcomes for the end user and also deliver cost efficiencies to commissioners.

There are many issues regarding the stability of providers and we frequently see businesses in the sector involved in acquisitions and mergers with other organisations. This means we frequently have to draft deeds of novations in order to transfer contracts to new providers. Checks obviously have to be carried out on the organisations now wishing to contract with us to ensure that there are no serious safe guarding concerns and to check things such as financial stability. There is currently a lot of financial instability within the sector with many high profile cases such as Southern Cross receiving a lot of media attention. This is obviously concerning as the implications of a care provider going out of business have huge ramifications for the users of these services, many of whom are extremely vulnerable.

A major issue for providers is the recruitment and retention of competent and engaged care workers and also for providers of nursing care, qualified nursing staff. Care workers are usually paid at, or a little over the minimum wage. These care workers are expected to carry out tasks that would have previously only been carried out by a qualified nurse. Our expectations of these people have increased dramatically but salaries have not increased in line with the increase in responsibilities.

At a time when more self funders are purchasing more care and the take up of direct payments increase we expect to see huge increases in the numbers of micro providers. With the introduction of personal health budgets (subject to enactment of the care bill) this will increase even further. There are three main, inter-linked barriers to the use of micro-providers. The first is a need for reassurance among commissioners and service users about the quality and safety of the enterprises. Many micro-enterprises will not need to be regulated by CQC, as they do not provide a regulated activity, such as personal care. The second barrier is to do with local authority procurement processes. It can be extremely difficult for very small, local service providers to meet all of the requirements necessary to be accepted onto an approved list or to be awarded a framework contract. The third is a communication barrier. Many social workers and brokerage teams will simply not know that micro-providers exist. Local authority generated lists of services may not include some micro-providers and web information systems may similarly omit many of these small community services. In addition, there are rarely systems in place to communicate unmet requirements to potential micro-entrepreneurs – local people who would develop a small service if they knew it was needed. However Thurrock Councils Market Position Statement which is due to be published in 2014 will seek to address this issue.

### **3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:**

3.1 For information only

### **4. REASONS FOR RECOMMENDATION:**

4.1 n/a

### **5. CONSULTATION (including Overview and Scrutiny, if applicable)**

5.1 Advance publication of these of the proposals provides an opportunity for local authorities to develop their thinking and consult their local communities. We are liaising with our user led organisation, Thurrock Coalition and Healthwatch with regards to this consultation to ensure it is meaningful and reaches the widest possible audience. We want to consult on these proposals with service users, care workers and service providers and on any ethical issues arising from them.

### **6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT**

6.1 A more robust and targeted approach to inspections by the Care Quality Commission should help the Contract compliance team to maintain the standard of care delivered by our providers.

### **7. IMPLICATIONS**

### 7.1 **Financial**

Implications verified by: **Michael Jones**  
Telephone and email: **01375 652772**  
[financialimplication@thurrock.gov.uk](mailto:financialimplication@thurrock.gov.uk)

There are no direct financial implications associated with the report

### 7.2 **Legal**

Implications verified by: **Dawn Pell**  
Telephone and email: **020 8227 2657**  
[legalimplicationsrequests@thurrock.gov.uk](mailto:legalimplicationsrequests@thurrock.gov.uk)

I am unable to see any legal implications for the authority except that CQC will hopefully become more rigorous in their inspecting and will be able to address more robustly failings by private providers.

### 7.3 **Diversity and Equality**

Implications verified by: **Adeyanyu Baruwa**  
Telephone and email: **01375 652472**  
[diversity@thurrock.gov.uk](mailto:diversity@thurrock.gov.uk)

There are no equality & diversity implication noted in this report

### 7.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

N/A

### **BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):**

- CQC proposal for new approach to inspecting social care services paper <http://www.cqc.org.uk/public/news/new-approach-inspecting-social-care-services>

### **APPENDICES TO THIS REPORT:**

- n/a

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