

## CWOP/16/10

**Committee:** Community Wellbeing and Older People Policy & Scrutiny Committee

**Date** 8<sup>th</sup> April 2010

---

### **Quality and Commissioning of Care**

Report by Will Patten and Karen Wright

Enquiries to:

Will Patten, Commercial Director, Adults, Health and Community Wellbeing ((01245 434869)

Karen Wright, Senior Manager Quality Standards and Operational Improvement (01245 434695)

#### **1. Objectives of report**

This report provides an explanation of the processes in place in Adult Social Care to:

- Understand and review the processes in place within Adult Social Care to ensure that all providers of care within Essex meet the minimum care quality standards.
- Determine what measures are in place to ensure that providers maintain / improve their standards.
- Determine what action is taken against providers who appear to be unwilling to bring the quality of service up to the required standard.

This report is in response to evidence of the variance in standards of care providers in Essex from zero to three stars as rated by the Care Quality Commission (CQC).

#### **2. Recommendations**

Members are asked to recognise and support the work of the Contract Management and Quality Monitoring teams and to endorse and support the new ways of working identified within this report for commissioning and monitoring care services.

#### **3. Background**

The Quality Monitoring and Contract Management Team applies monitoring techniques to ensure that the care market delivers an excellent care service to the Service Users of Essex County Council. It works directly with the care market to ensure the Authority is receiving value for money, by assessing whether providers are delivering care services in accordance with their contractual obligations and national standards for care services.

To achieve this Contract Management are reliant on data and feedback from colleagues and have a number of processes, some joint with the Quality Monitoring Team, to assess the level of the care markets performance. Information on quality is drawn from a wide variety of internal and external sources, both formal and informal. This is taken together to form a rounded picture of the quality of a care provider as follows:



#### 4. How Quality Monitoring and Contract Compliance Works

##### How do we monitor care services?

The council monitors the quality of care provided by all the private care providers from whom we commission a service. All care providers that we commission with are subject to monitoring by officers within the council's Quality Monitoring team who undertake monitoring visits based on a set of standards that are linked to the contracts that ECC holds with the care provider. Reports are created showing the areas where providers are compliant or non-compliant with the standards.

An appropriate methodology and regime of monitoring is applied; based on the level of risk. This is related to the quality of the home (from poor to excellent), and any complaints, concerns or safeguarding alerts (refer to diagram above).

The Quality Monitoring Team may undertake planned and unplanned visits and also undertake face to face interviews with service users and postal or face to face interviews with relatives/representatives and paid care staff. The outcome of these person-centred surveys is fed back to the service provider and any requirements for action are monitored through the formal monitoring process. Formal complaints received by the Complaints team are taken up with the service provider as part of any investigation and follow on work.

In 2009 / 2010 the following activities have been completed:

- 348 full monitoring visits undertaken
- 2023 service user questionnaires completed
- 767 relative questionnaires received
- 147 staff questionnaires received
- 42 elected member visits carried out
- 28 older people lay visitors visits carried out
- 1 care provider where contract has been withdrawn and service users placed in alternative care provision.

The monitoring function is supplemented by the Older Persons Lay Visitor programme, implemented in June 2009 to provide a citizens perspective on the quality of providers. There are currently 12 active visitors, with a further recruitment campaign planned and the scheme is also being extended to include a mental health lay visitors' scheme, working with "Making Involvement Matter in Essex" who provide service user and carer involvement in mental health commissioning.

Data from CRILL<sup>1</sup> and LAMA<sup>2</sup> (2 databases used by CQC providing national and local data regarding a range of data – star ratings, performance against standards for commissioned services) is used to inform, and support, decisions regarding the focus of Quality Monitoring. It can also be used to identify where training is required for the provider market.

Alongside this, the Contract Management Team also works with care home providers to ensure the physical environment of the care home meets Health & Safety requirements. Our work is aimed to support and supplement the work of the Care Quality Commission, as regulator of the care sector.

A robust process exists between the Contract Monitoring, Quality Monitoring and Complaints teams and the Adult Safeguards Unit, where information and intelligence is shared around Safeguarding issues. This is specifically effective for placements, identifying potential areas where institutional SOVA<sup>3</sup>s may be occurring and opportunities for working with partners and providers to improve the quality of services.

---

<sup>1</sup> CRILL – Capturing Regulatory Information at a Local Level

<sup>2</sup> LAMA – Local Area Market Analyser

<sup>3</sup> SOVA – Safeguarding of Vulnerable Adults

Mechanisms are in place to share information formally, and informally, across key agencies for example ECC, CQC, The 5 Essex Primary Care Trusts, Southend and Thurrock Unitary authorities and other related functions and specialisms including Trading Standards and Environmental Health.

A Contract Compliance Process has been developed and will score each care provider's performance between level 1 the poorest up to the top level of 4 as follows;

- Level 1 below 50% (0 - 500 points) major concerns
- Level 2 between 51% - 70% (501 - 700 points) medium to major concerns
- Level 3 between 71% to 90% (701 – 900 points) low to medium concerns
- Level 4 Above 90% (901 -1000 Points) almost or fully met

The Contract Compliance Process provides a clear link between quality and cost – services in future will be commissioned on this basis. A number of factors feed into the scoring system such as Quality Monitoring requirements, CQC Star ratings, cost of service and breach of contract and safeguarding investigations that may lead to the suspension of the care service. Linked to this is the policy that ECC will no longer place users in services that are 0 star services (as determined by CQC).

The Contract Compliance Process is now being implemented and a priority list has been developed. The priority list will be maintained ensuring care providers are added or deleted as areas are addressed or concerns established.

Contract Management has assessed the environment of all care homes in Essex whether or not the Authority currently commissions with them. A total of 433 homes including 11,730 bedrooms for older people, learning disabilities and mental health services were assessed (plus care homes in Southend and Thurrock where the Authority has placements). The assessments ensured that each care home met Health & Safety requirements. The exercise entailed assessing all communal areas such as bathrooms and each bedroom. For example, checks were undertaken for water temperatures, to prevent scalding and that radiators covers and window restrictors were fitted, where required. Where care homes were found to be in breach, the home was given a reasonable amount of time to address the issue. In circumstances where a serious risk to the safety of Service Users was identified, the care home was put on suspension and action planning was required to address. Suspensions are not lifted until the areas of concern are signed off as met.

The assessment of all bedrooms is held on a central spreadsheet which is accessed by the Authority's Service Placement Team prior to referral. Spot checks will be undertaken to ensure compliance is maintained through the Contract Compliance Process.

#### How do we work with providers to improve care services?

As well as monitoring and reporting against our standards, officers within the quality monitoring team also seek to foster positive working relationships with care providers on an ongoing basis. This enables us to impart best practice, for example we can suggest models, templates and policies that the providers can adopt.

We can also signpost or facilitate training that is available, and make sure providers are fully informed of any developments that may affect them. In this area ECC differs significantly from the regulator, the Care Quality Commission, and this support is a key part of the value-added delivered by Quality Monitoring.

When a care provider has been found to be in breach of contract, Contract Management will serve formal breach and request Action Plans detailing how the breaches will be resolved. Formal meetings are arranged with the care provider where action plans are discussed and agreed by all parties, which are subsequently monitored by the Quality Monitoring Team. This results in a clear plan that can be measured and reported against, until ultimately all areas of the action plan are 'met' and signed off.

In addition, we have other more general ways in which we work with care providers to improve quality. Examples include the 'Essex Quality Award'; funding of £2.5m - this was awarded to care providers in the 2008-2009 year to assist them with making improvements in line with minimum standards and also to introduce new and innovative approaches.

#### What happens when care standards do not improve?

Our focus is always on nurturing proactive, positive relationships with care providers and working with them to improve their quality on an ongoing basis. However, there will inevitably be instances where providers are unable or unwilling to improve the quality of their service provision, and/or service users are at risk. In these cases we may place short/long term embargoes (i.e. suspend placements by ECC). In a small number of cases where evidence shows persistent breach of contract, lack of improvement and a risk to the safety of Service Users Contract Management will serve Termination of Contract and then service users are placed in alternative care provision.

Within a typical year there will be 1-2 instances of this occurring. In these cases the quality monitoring, contract management, adult safeguards unit, front-line access, assessment and care management teams and a range of other professionals will work together to co-ordinate the activity required. A 'challenge' meeting will be held with the Deputy Executive Director, AH&CW who makes the decision based on the information and evidence presented. Any such action must be evidence based, so it becomes particularly important to capture tangible evidence to inform decision making.

The Suspension of Care Service Draft Protocol (previously known as the Embargo Protocol) has recently been updated between Contract Management, Quality Monitoring, Safeguards, and Health and has been consulted on with EICA (Essex Independent Care Association). The protocol contains a full process in relation to the Safeguarding of Vulnerable Adult investigations, breach of contract and monitoring processes, plus the Authority's policy regarding CQC 0 Star rated care providers (automatic suspension).

The process ensures that all teams involved have a consistent approach within the Authority and works collaboratively with partner agencies such as CQC, the Police and Advocacy Services. This protocol is due for final agreement in May when copies will be issued to the care market. This will ensure care providers are familiar with the process and understand their obligations to deliver safe care to the Services Users of Essex.

## **5. Key Areas for Action 2010 - 2011**

Information provided from national reports and statistics, alongside our own local findings from 2009-2010 will set our strategic direction for improving quality for the following year.

The key advances and developments that we anticipate include:

- Completion of the move to a fully risk-based approach to all monitoring activity from 01/04/10. This will ensure best use of resources within the team, and ensure that activity is accurately matched and proportionate to the level of input required.
- To increase the coverage of the range and type of care and support services that the team works with, for example nursing care, mental health and services for carers.
- Inclusion of information from the teams in a public-facing information portal, enabling all people in Essex to readily access our own information about the quality of care services, in much the same way as they already can via the CQC website. This will help citizens with making choices about care provision in accordance with the personalisation agenda.
- The Contract Compliance Process has been piloted with a national care provider and will shortly be implemented to all Residential and Nursing Care Home Providers contracted to the Authority. During 2010 this process will be rolled out to all contracted care services such as EssexCares, Homecare and Day Care.