

# Adult and Safer City Scrutiny Panel

6 February 2018

<b>Report title</b>	<b>Quality Assurance and Compliance Update</b>	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels OBE Cabinet Member for Adults  Councillor Val Gibson Cabinet Member for Children	
<b>Key decision</b>	No	
<b>In forward plan</b>	No	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Mark Taylor, Strategic Director – People Directorate	
<b>Originating service</b>	Commissioning	
<b>Accountable employee(s)</b>	Sarah Smith Tel: Email:	Head of Strategic Commissioning 01902 555318 <a href="mailto:sarah.smith@wolverhampton.gov.uk">sarah.smith@wolverhampton.gov.uk</a>
<b>Report to be/has been considered by</b>	Commissioning Management Meeting - 30 October 2017 People Leadership Team - 27 November 2017 Councillor Sandra Samuels OBE Briefing - 29 November 2017 Wolverhampton Safeguarding Adults Board - 14 December 2017 Strategic Executive Board - 9 January 2018	

---

## Recommendation(s) for action or decision:

The Adult and Safer City Scrutiny Panel is requested to note:

- the update on the Council's arrangements for monitoring the quality of registered care services in the City.

- continue to support the work of the Quality Assurance and Compliance Team, hosted by Wolverhampton within Adult Social Care commissioning. The work of this team provides the Council with additional assurance that residents' needs can be appropriately met.
- the continued improvement in the quality of registered care and support services in Wolverhampton.
- the continued commitment of the Council to work with the provider market to improve the quality of care provided for the direct benefit to the users of these services, their relatives and carers. This includes the many residents who purchase their own care independently of adult social care services.
- that an excellent working relationship with the statutory regulator of care provision - Care Quality Commission (CQC) and the Clinical Commissioning Group and other partners has also been established.

## **1.0 Background**

- 1.1 The Council is committed to providing a range of excellent care and support locally for the residents of Wolverhampton and we are building on our commitments to ensure people live longer, healthier lives.
- 1.2 There is a large market for care and support provision that responds effectively to the needs of the residents in Wolverhampton. The majority of the adult social care services currently commissioned are focused on meeting eligible care needs utilising the national eligibility criteria. These services include residential and nursing care, domiciliary care services, day services and very sheltered housing schemes which are provided across the public, private and voluntary care sectors.
- 1.3 Ensuring there are good quality local care and support services in the independent sector market is critical and remains integral to the Council's plans to meet the current and future needs of residents. To support the development of the care market and to ensure that care and support services are of a high quality for our citizens, this Council has invested additional resources in the development of a Quality Assurance function which has been operational since November 2016.

## **2.0 The Quality Assurance of Registered Care Services in Wolverhampton**

- 2.1 The Quality Assurance and Compliance Team is responsible for the quality monitoring of the adult social care market for care and support with a view to establishing and maintaining standards, minimising risk and ensuring continuous improvement. In addition, the team has oversight and management of provider and market failure on behalf of the Council.

The activities carried out by the Quality Assurance and Compliance Team include:

- Unannounced and announced visits;
- Desktop monitoring;
- Maintenance of a risk management system;
- Managing the suspension of new business process;
- Gathering views of service users and/or their relatives;
- Sharing information with commissioners, regulatory bodies, safeguarding, other local authorities and other agencies as appropriate;
- Developing and reviewing monitoring processes and procedures.

The visit types include:

- Contract Review
- Service Review
- Initial Visit
- Routine monitoring visit
- Themed visit

- Suspended services

#### Annual programme of quality assurance monitoring visits

- 2.2 An annual programme of reviews of all registered social care providers is in place and is supported by a quality assurance process and toolkit for the Contract Management and Quality Assurance of Commissioned Services. The primary purpose of the contract monitoring and quality assurance visit is to ensure that commissioned services are meeting the standards and requirements of their contracts, to review the safety, quality and effectiveness of services commissioned by the City of Wolverhampton Council and to ensure continuous improvement.
- 2.3 The review is also an opportunity for commissioners to engage with customers of care services. When reviewing care homes, the reviews provide the opportunity to observe interaction between staff and residents, view the physical environment of the home and to talk to relatives/carers and staff about services and to seek their views about their experiences. As well as ensuring that providers are meeting their contractual obligations, the quality of the providers care provision is also monitored in line with CQC 5 Key Lines of Enquiry which are Safe, Effective, Caring, Responsive and Well Led.
- 2.4 For children the quality of the providers' care provision is monitored in line with the 3 areas in the Ofsted inspection framework, these areas include, the overall experiences and progress of children and young people, how well children and young people are helped and protected, and the effectiveness of leaders and managers.
- 2.5 During the course of the visit, or following the visit, the officer may offer guidance or signpost the provider to agencies or bodies in order to obtain accurate and up to date advice and best practice guidelines.

#### **Provider action plans**

- 2.6 At the conclusion of a review visit, officers will share initial observations and findings and if required agree immediate actions as appropriate. Following completion of the visit the Quality Assurance and Compliance Team collate all review findings and populate a standardised report template. The report details the purpose of the review and visit, the methodology, findings and any required actions. The report is sent to the provider within two weeks. Where actions and improvements are required an action plan is produced detailing the area that needs to be remedied.
- 2.7 The provider is required to update and return the action plan to the Quality Assurance and Compliance Officer within two weeks detailing how and by when they intend to address the actions required. Copies of the report are shared with the commissioner as required. The progress of the provider is then monitored against the agreed action plan, desktop monitoring, data returns and visits and timescales until the actions have been completed to a satisfactory level.

- 2.8 Written and verbal feedback is provided at the end of each visit. The Officer will highlight any immediate concerns or actions that are required.

### **Service User and Relative feedback**

- 2.9 In order to understand the experience of the people using the service, the team seek feedback from service users and/ or their relatives. This may take place during the visit, or by arranged telephone, email or face to face contact, dependent upon the needs of the service user. This information is also used to inform the outcome and any actions the provider may need to work as part of their action plan.

### **Links to safeguarding investigations**

- 2.10 Officers from the Quality Assurance and Compliance Team are informed of safeguarding investigations involving independent sector care providers and attend planning meetings as required. The number and nature of safeguarding investigations are reviewed by the Quality Assurance and Compliance Team as part of the quality assurance process to help inform and prioritise visits. The Quality Assurance and Compliance Team also work closely with the front line social work teams to identify when this is the case.

### **Joint Working**

- 2.11 The work of the Quality Assurance and Compliance Team is supported by joint working with the Clinical Commissioning Group Quality Nurse Advisors. Some visits will be carried out jointly with the Clinical Commissioning Group or another local authority that also uses the Service.
- 2.12 Lower level concerns and intelligence regarding commissioned services are discussed at Commissioning and Quality Assurance Meetings. The Quality Assurance and Compliance Team also communicate regularly with Care Quality Commission to share intelligence on providers and findings from inspections and quality assurance visits.

### **The role of the Care Quality Commission (CQC)**

- 2.13 As outlined above the contract management and Quality Assurance Team also communicate regularly with CQC to share intelligence on providers and findings from inspections and quality assurance visits and the Regional Manager for CQC regularly attends the Joint Contract Management and Quality Assurance Governance Meetings.
- 2.14 As the statutory regulator of care provision, CQC are required to undertake regular inspections of all registered health and social care services. CQCs approach to inspections changed in October 2014 and all care providers are now inspected under the 5 Key Lines of Enquiry. There are four ratings given to health and social care services, outstanding, good, requires improvement and inadequate. By law care providers must display the

ratings that they have been given. Following a CQC Inspection the findings are published on CQC's public website.

- 2.15 There is often a delay of several months between the Inspection Visit and the report being published, during which time the Quality Assurance Team will have already worked with the provider to address the areas of concern. The rating will also remain in place until the provider is re-inspected. This can lead to mixed messages regarding the quality of care being provided locally and has been raised as an issue for Care Quality Commission to address. In addition, Care Quality Commission also have their own independent alert processes and can call a 'Management Review' meeting with a Provider at any time if they have any serious concerns.

### **The role of Ofsted**

- 2.16 The Office for Standards in Education, Children's Services and Skills (Ofsted) inspect and regulate services that care for children and young people, and services providing education and skills for learners of all ages.
- 2.17 They carry out inspections and regulatory visits throughout England and publish the results online. Their goal is to achieve excellence in education and skills for learners of all ages, and in the care of children and young people. They are responsible for:
- inspecting maintained schools and academies, some independent schools, and many other educational institutions and programmes outside of higher education;
  - inspecting childcare, adoption and fostering agencies and initial teacher training;
  - publishing reports of their findings so they can be used to improve the overall quality of education and training;
  - regulating a range of early years and children's social care services, making sure they're suitable for children and potentially vulnerable young people;
  - reporting to policymakers on the effectiveness of these services.

### **The role of the Adult and Safer City Scrutiny Panel**

- 2.18 Regular updates have been provided to Adult and Safer City Scrutiny Panel who have taken an active interest in the work of the Quality Assurance and Compliance Team.

## **3.0 Improvement in the Quality of Care in Wolverhampton.**

### **Current CQC ratings**

- 3.1 The improvement in the quality of care provided in residential care homes in Wolverhampton is reflected in the current CQC rating for the 55 residential care homes in Wolverhampton and the 20 nursing care homes in Wolverhampton.

- 3.2 Analysis carried out by Which? (Consumers' Association) of data released by the Care Quality Commission (CQC) showed that in six local authority areas, 50% or more of local beds are in homes rated by CQC inspectors as requiring improvement or inadequate. In the London borough of Westminster, seven in ten (69%) beds were found in care homes rated 'requires improvement' or 'inadequate'. In Manchester and Wakefield, three in five beds (58%) are in care homes rated as 'requires improvement' or 'inadequate', followed by Kirklees (57%), Portsmouth (56%) and Tameside (55%).
- 3.3 This means that nationally (excluding those homes not yet inspected), Wolverhampton has the national average 'Outstanding or Good' homes (79%), and the average 'Inadequate or Requires Improvement' homes (21%). Only 7% of services nationally are not yet inspected, compared with 19% in Wolverhampton. (see appendix one).
- 3.4 The number of nursing homes nationally that have a rating of 'Outstanding or Good' homes is 64% - in Wolverhampton it is 42%, and the number that has a rating of 'Inadequate or Requires Improvement' is 28% (Wolverhampton 51%), but again the number of Not Yet Inspected in Wolverhampton is significantly higher at 40%, and it would take only four currently NYI services in Wolverhampton to be inspected and rated 'good' or above to reach the average.
- 3.5 In residential homes, the number nationally that have a rating of 'Outstanding or Good' homes is 82%; in Wolverhampton it is 87%. The number of 'Inadequate or Requires Improvement' homes is significantly smaller at 12% (Wolverhampton) compared with 18% nationally.
- 3.6 This suggests that Wolverhampton is ahead of the curve and that we are right to concentrate resources on the 'with nursing' sector.
- 3.7 West Midlands regional figures excluding Wolverhampton show that 75% of homes are rated 'good' or 'outstanding' and 25% are rated as 'requires improvement' or 'inadequate'. Wolverhampton does, however, have a greater proportion of homes (19%) not yet inspected compared to the West Midlands regional figure of 9%.
- 3.8 The Wolverhampton figures are also an improvement compared to the figures for 2016, where 73% of homes were rated 'good' or 'outstanding' and 27% were rated as 'requires improvement' or 'inadequate' (excludes those homes not yet inspected.)
- 3.9 The use of a domiciliary care framework means that some providers of care in Wolverhampton are based out of City. It is therefore not possible to do a comparison on a geographical basis as this is for residential care homes.

## Current Ofsted ratings

### *Residential Children's Homes*

- 3.10 The improvement in the quality of care provided in residential children's homes in Wolverhampton is reflected in the current Ofsted ratings. Appendix two illustrates the breakdown of the current ratings for the eight residential children's homes in Wolverhampton:
- One children's home (12.50%) is rated '*outstanding*'.
  - Three children's homes (37.50%) are rated '*good*'. – inhouse provision
  - Four children's homes (50.00%) are rated '*requires improvement*'.
- 3.11 The Ofsted report, which summaries ratings of all children's care services in England as on 31/08/2017, confirms that there are currently 94 residential children's homes in the West Midlands region. The region covers Wolverhampton, Dudley, Walsall, Sandwell, Birmingham, Solihull and Coventry. Regionally, 10.64% of these homes are rated '*outstanding*', 61.70% '*good*', 23.40% '*requires improvement*' and 4.26% '*inadequate*'.
- 3.12 The Wolverhampton ratings are an improvement compared to the ratings for 2016. One residential children's home has improved from '*good*' to '*outstanding*'. There is no '*inadequate*' residential children's home in the city.

### *Independent Fostering Agencies.*

- 3.13 In the West Midlands region, there are 18 independent fostering agencies regulated by Ofsted. 3 of these agencies are registered in Wolverhampton. Appendix Two illustrates the breakdown of the current ratings for the three independent fostering agencies in Wolverhampton:
- Two fostering agencies (66.67%) are rated '*good*'.
  - One fostering agency (33.33%) is rated '*inadequate*'.
- 3.14 The West Midlands region covers Wolverhampton, Dudley, Walsall, Sandwell, Birmingham, Solihull and Coventry. Regionally, 55.56% of the 18 independent fostering agencies are rated '*good*', 38.89% '*requires improvement*' and 5.56% '*inadequate*'.
- 3.15 The Wolverhampton children's services were judged by Ofsted in 2017 to be in the top 20% nationally with a rating of '*good*'. 45% of Wolverhampton looked after children in foster care are placed with Wolverhampton internal foster carers. 55% are placed with carers working for independent fostering agencies.



## **4.0 Continual Improvement**

- 4.1 Clearly there is and always will be more to do to improve the quality of care provided. All providers, regardless of their current CQC rating, receive a regular quality assurance monitoring visit and have an action plan from the Quality Assurance and Compliance Team to implement.
- 4.2 Action plans are in place for all homes who have been rated as Requiring Improvement and these services are prioritised by the Council. Officers have met with the home owners or registered managers and are working with homes to make the required improvements. Additional quality assurance visits are also being undertaken. Feedback from our quality assurance visits did not warrant the need to place any of the homes in default of their contracts with the Council and we continue to make respite and permanent placements with these services.
- 4.3 Should the provider not respond to the Council's intervention and raise their performance by making the improvements identified within their action plan within the required timescale the Commissioning and Quality Meeting will recommend further action under the terms of the contract. This may include the suspension of placements, contract defaults and, in exceptional circumstances, contract termination which may result in the closure of a service.

## **5.0 Planned Developments**

- 5.1 The improved quality of care and support services in Wolverhampton has directly benefited the users of care services. The Council is, however, committed to further promote quality in registered care services in Wolverhampton and is working with the Clinical Commissioning Group on a joint project to improve the quality of in care homes who require improvements.
- 5.2 A new 'red bag scheme' is currently being piloted in Wolverhampton to help reduce an elderly patient's stay in hospital. The red bag keeps important information about a care home resident's health in one place, easily accessible to ambulance and hospital staff. The bag includes medication, belongings, paperwork and personal and clinical information about the resident, which will assist ambulance and trust staff to speed up the transfer process.
- 5.3 The Quality Assurance and Compliance Team and the Clinical Commissioning Group Quality Nurse Advisors are working together to deliver The Safer Provision and Caring Excellence (SPACE) Programme. This is a two-year pilot (2016-2018) and currently involves 18 Care homes in Wolverhampton (959 beds) and 12 in Walsall (comparative bed capacity) supported by The West Midlands Patient Safety Collaborative (WMPSC).
- 5.4 The SPACE programme aims to upskill care home staff in service improvement techniques in order improve safety and reduce harm in care homes. It intends to achieve this by giving

participating care home staff and managers the tools and skills that they need to understand safety culture in their care home. This gives staff and managers the opportunity to identify training needs and to co- design service improvement strategies with programme facilitators, through promoting long-term sustainability of change, collecting data to measure the effectiveness of quality improvement strategies implemented in participating care homes. This is facilitated and supported by the Quality Assurance and Compliance Team and the Quality Nurse Advisors with experience in Quality Improvement will help in:

- Improving the quality of care delivered to residents in care homes;
- Reducing the incidence of harm;
- Reducing avoidable hospital admissions.

5.5 On 22 November, in recognition of the improvements care homes are making to improve quality and safety for resident's care home staff and managers were invited to attend and the SPACE Quality Improvement Awards 2017, where they were rewarded for their contribution with an award in the following categories; most improved care home, most innovative improvement and care home manager of the year.

5.6 The Quality Assurance and Compliance Team are in the process of developing a Quality Assurance Framework, to build on the outcomes of the quality assurance activity to drive service improvement through the strategic use of quality assurance outcomes and performance information. It will inform good practice, effectively manage risk, provide benchmarking checks, and help prioritise future improvement, promote and embed a culture of quality assurance.

## **6.0 Financial implications**

6.1 There are no financial implications associated at this stage within this report.  
[AJ/17012018/W]

## **7.0 Legal implications**

7.1 There are no legal implications associated at this stage within this report.  
[JB/17012018/I]

## **8.0 Equalities implications**

8.1 The Equality and Human Rights Commission reinforced the message that the commissioning of health and social care services requires a more balanced approach to 'quality and price'. Commissioning must also include closer monitoring that incorporates human rights at all levels.

8.2 The Quality Assurance and Compliance Team in monitoring service/providers exercises its functions as part of the Council, and has due regard to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not;
- having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, the need to;
- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

## **9.0 Environmental implications**

- 9.1 There are no environmental corporate landlord implications associated at this stage within this report

## **10.0 Human resources implications**

- 10.1 There are no human resources implications associated at this stage within this report.

## **11.0 Corporate landlord implications**

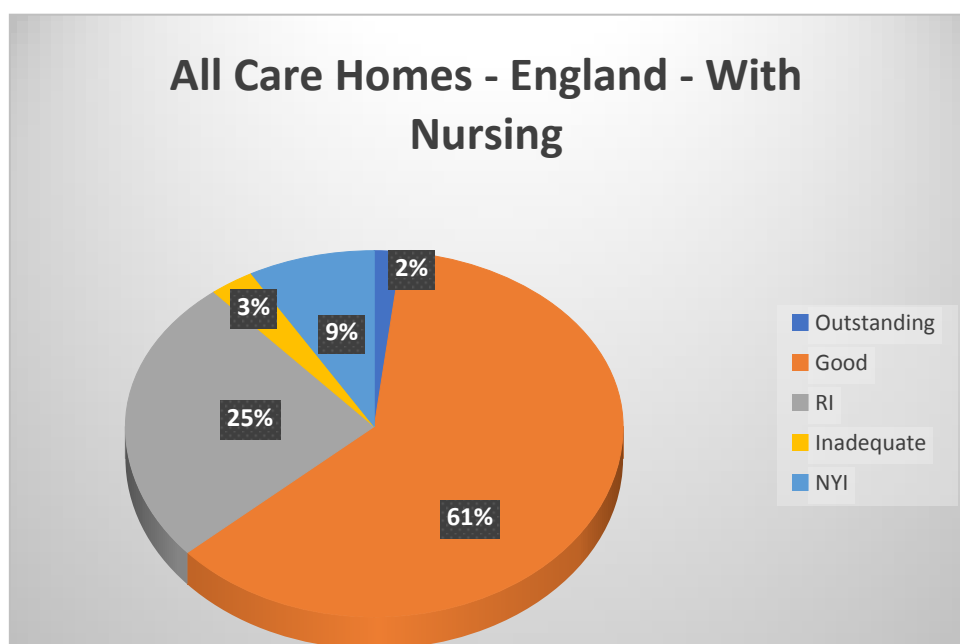
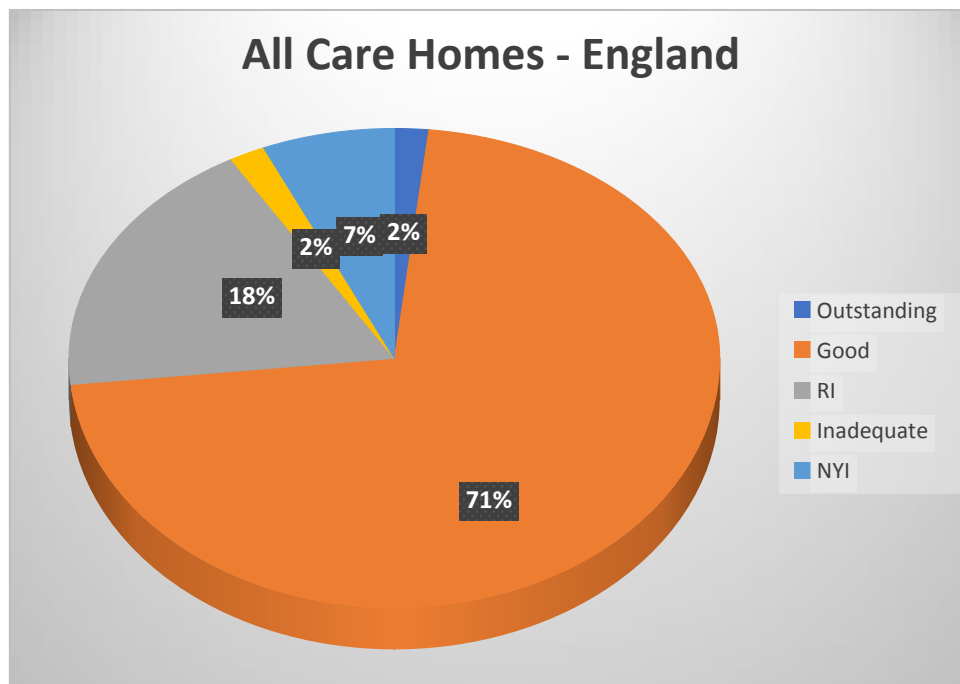
- 11.1 There are no corporate landlord implications associated at this stage within this report.

## **12.0 Schedule of background papers**

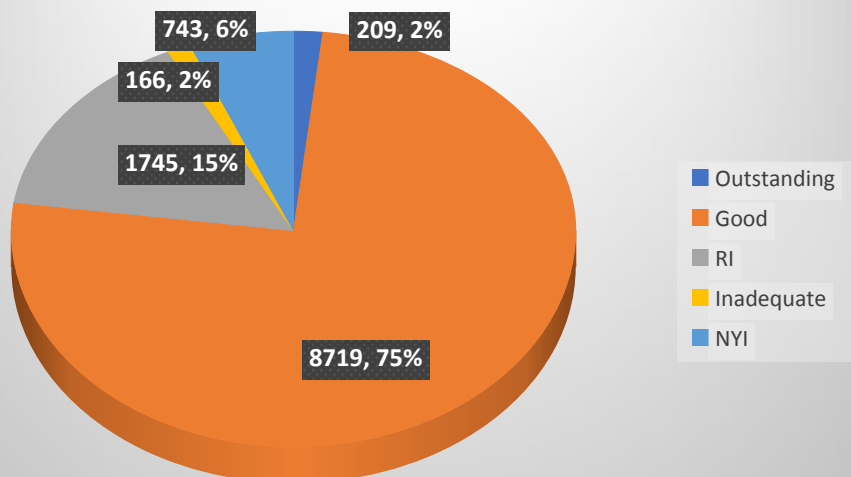
- Commissioning Management Meeting - 30 October 2017
- People Leadership Team - 27 November 2017
- Councillor Samuels OBE Briefing - 29 November 2017
- Wolverhampton Safeguarding Adults Board - 14 December 2017
- Strategic Executive Board - 9 January 2018

Number of Care Homes: 16019

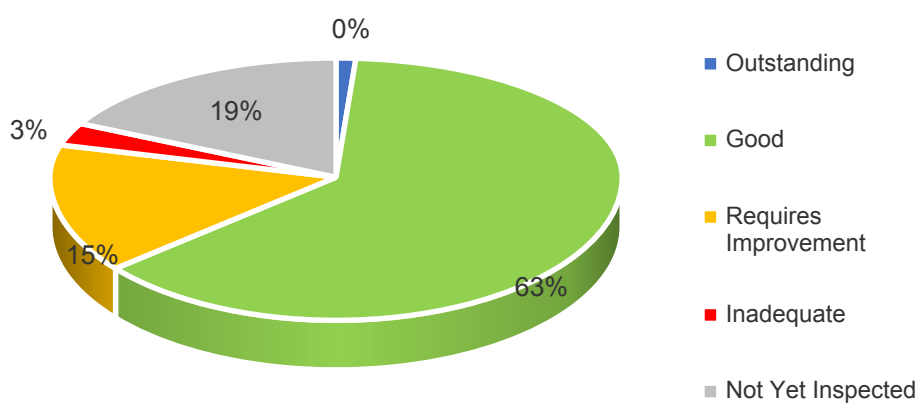
Number of Beds: 458103



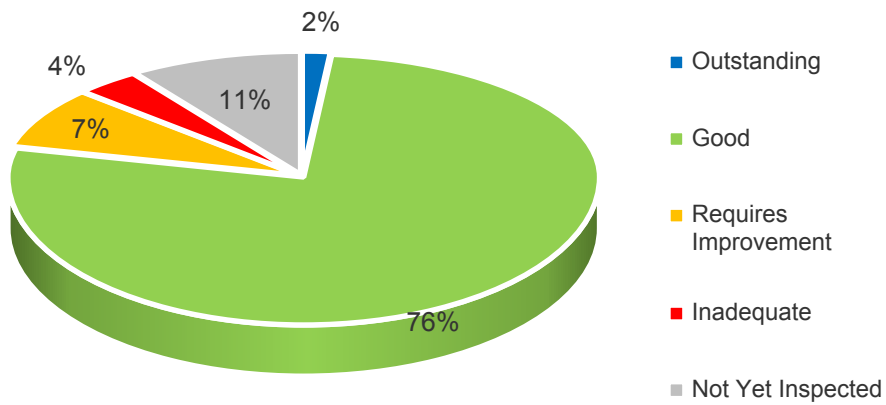
## All Care Homes - England - Residential



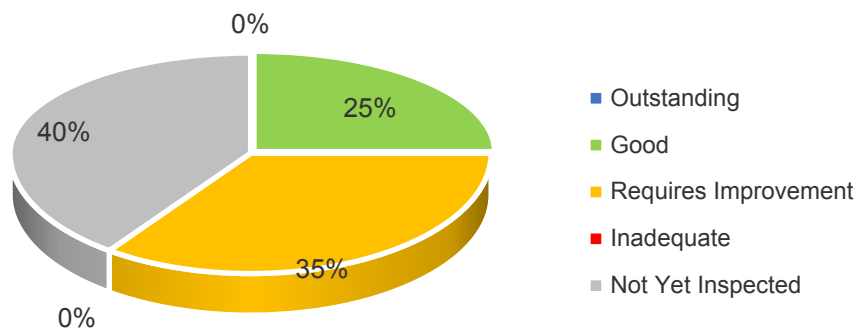
## Wolverhampton - All Care Homes



**Rating - Residential Homes**



**Rating - 'With Nursing' Services**



This report is PUBLIC or PRIVATE – exempt from publication under Schedule 12A of the Local Government Act 1972 (as amended), Part 1, Paragraph XX

[NOT PROTECTIVELY MARKED/PROTECT/RESTRICTED]

	Wolverhampton		Dudley		Walsall		Sandwell		Birmingham		Solihull		Coventry		REGION	
	No. of Services	% of Services	No. of Services	% of Services	No. of Services	% of Services	No. of Services	% of Services	No. of Services	% of Services	No. of Services	% of Services	No. of Services	% of Services	No. of Services	% of Services
Outstanding	1	12.50	2	22.22	1	9.09	0	0.00	5	10.20	0	0.00	1	14.29	10	10.64
Good	3	37.50	5	55.56	6	54.55	8	88.89	31	63.27	0	0.00	5	71.43	58	61.70
Requires Improvement	4	50.00	2	22.22	4	36.36	1	11.11	9	18.37	1	100.00	1	14.29	22	23.40
Inadequate	0	0.00	0	0.00	0	0.00	0	0.00	4	8.16	0	0.00	0	0.00	4	4.26
Not Yet Inspected	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	8	100.00	9	100.00	11	100.00	9	100.00	49	100.00	1	100.00	7	100.00	94	100.00

[illegible]

This report is PUBLIC or PRIVATE – exempt from publication under Schedule 12A of the Local Government Act 1972 (as amended), Part 1, Paragraph XX  
[NOT PROTECTIVELY MARKED/PROTECT/RESTRICTED]

Not Yet Inspected	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	3	100.00	1	100.00	1	100.00	4	100.00	6	100.00	2	100.00	1	100.00	18	100.00