

Care Home quality assurance scrutiny review

Older people

Health & Adult Social Care Scrutiny
Commission

July 2020

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1 Summary of recommendations

Recommendation one

All homes, the Council and CCG ought to have a clear and well publicised Complaints, Quality Alert and Safeguarding processes that detail how to raise concerns with the homes, Council, CCG, CQC, who to go to, and at which point.

This ought to include a mechanism to appeal to the council and NHS CCG if a resident or advocate is unhappy with the outcome of an internal resolution process.

This ought to be managed through the contract monitoring and commissioning process.

Recommendation two

A record and summary of the number of Complaints and Quality Alerts made to the council, CCG and CQC ought to be provided in an annual report to Cabinet, with benchmarking against comparator boroughs.

Recommendation three

Ensure systems are put in place to ensure that people in homes (in and out of Southwark) who are unbefriended have support by the Independent Lay Advocacy service, or similar.

Recommendation four

Ensure that care homes hold regular meeting for families and carers. These ought to happen at least quarterly, and there ought to be a schedule of attendance by monitoring officers, commiserate with the number of Southwark residents and contract management resources.

Recommendation five

Commission the Older People's Hub to provide information and advice to prospective older people, friends and family on how to choose a care home.

Recommendation six

The commission endorse the organisational commitment shown by the council and Age UK Lewisham and Southwark to restart the Lay inspectors programme and establish complimentary and strong working relationships. A summary of the Lay Inspectors work ought to be included in an Annual Report on Care Homes.

Recommendation seven

An annual Cabinet report on Care Homes would be useful addition. This ought to summarise contract monitoring, CQC, Lay Inspector, Healthwatch, and CCG

reports, and include a summary of complaints and Quality Alerts, with benchmarking with comparative Local Authorities.

Recommendation eight

Complete the Residential and Nursing Care Charter by September.

Recommendation nine

Expedite the current plans for expansion of provision of Nursing Homes and review future plans to ensure that there will be enough local capacity, particularly for local people with more challenging dementia.

Recommendation ten

Lobby government to bring forward the expected White Paper on social care funding to ensure the service is sufficiently well funded and councils can agree fees with care homes that allows for payment of the London Living Wage, full sick pay and other terms of conditions that reflect the value that we place on this important service.

Recommendation eleven

Ensure the Ethical Home Care Charter includes a requirement for sick pay.

Recommendation twelve

Plans must be put place to manage a second wave of COVID 19 and the risk of further fatalities by ensuring adequate PPE, testing, and that care homes are not treated as a step down facility.

Recommendation thirteen

Roll out keyworker status to family and friends of older people in care homes, starting with people with dementia and moving to other isolated older people, to allow visitation during the pandemic. Everybody has a human right to family life, which includes regular contact¹.

¹ See Article 8 Respect for your private and family life.

2 Introduction

This report sets out to review the quality of care of Southwark providers and out of borough placements used by Southwark adults, to ensure people in both local and out of borough placements are safe, well and in suitable accommodation. The review has a particular focus on examining the assurance and inspection processes in place, to see if they are performing well.

As the review was nearing completion the COVID 19 pandemic struck, which placed care homes residents at particular risk. In order to address this the Commission heard further evidence, and this is included as an addendum.

The report concentrates on provision used by older people, in and out of Southwark. The Commission will take further evidence on provision for working age adults, commonly with a disability or requiring rehabilitation, and provide an additional report, if warranted.

3 Evidence considered

The review considered the following:

- Lay Inspectors work, hearing from volunteer lay inspectors, who deliver the service, Age UK Lewisham and Southwark, who coordinate the service, and Southwark officers, who commission the service
- Council and CCG commissioners quality assurance process
- CQC reports
- Unions
- Healthwatch
- Carers

4 Commissioning of homes for older people needing residential and nursing care

Southwark is well placed to deliver Extra Care to local people but has a shortage of local residential and nursing care provision.

Currently 70% of Southwark people requiring nursing beds are placed out borough. However, officers told the Commission that 80% of people that we place out of borough would prefer to be in Southwark.

	Adult/OP residential		Adult/OP nursing		Extra Care	
	No. schemes	No. SUs	No. schemes	No. SUs	No. schemes	No. SUs
Southwark	5	143	2	89	3	84
Other London	14	32	31	112	0	0
Outside London	39	50	47	56	0	0

4.1 Nursing homes

In 2015, Southwark decided to provide extra nursing homes in the borough. This was because of a combination of insufficient provision and poor performance by local care homes Camberwell Green, Burgess Park and Tower Bridge, who had all received poor CQC reports for a number of years.

Since then Camberwell Green and Burgess Park care homes closed, in 2016 and 2017 respectively. Tower Bridge Care Home has improved, however. The homes current CQC rating is 'Good' and has been rated as either 'Good' or 'Requires Improvement' since November 2015.

Nationally the CQC states that nursing care faces the most significant challenges in relation to financial sustainability and the maintenance of good quality care across the entire health and social care system. These national issues are compounded in Southwark which has seen a 46% reduction in nursing care beds since 2011 (five homes with a loss of 252 beds). This is comparable to several inner north London boroughs— e.g. Tower Hamlets and Islington, although none of our immediate south London neighbours have experienced such a sharp decline.

The reasons cited by providers for this decline are the higher land prices that deter the development in inner London, workforce challenges, a younger population and relatively few self-funders compared to outer London areas. This means that Southwark homes are far more reliant upon state funded placements; where the costs have been tightly managed by the council because of ongoing austerity measures.²

In 2017, a cabinet report set out plans to increase nursing provision, stating that by 2020 that there will be a total of 361 nursing home beds available, compared to the 115 beds in the borough currently in use.

In April 2019, cabinet set out plans to deliver this through a negotiated procurement process, with providers either currently operating or planning to operate nursing care homes within the borough.

² Cabinet report April 2019

The report outlined separate property deals to provide the physical buildings. Planning permission had been granted for development of a care home that will include 48 nursing beds, on the former site of Burgess Park (Picton Street), and a second nursing home that has outline planning permission for 80 nursing care beds.

The cabinet report stated that the total projected increase of beds was now set to be 260 by 2020, and if the second home comes online this would increase provision to 340 by 2022.

Officers update the Commission on progress since then. The intention is to tender with three bidders to award contracts for high quality care through the negotiated approach. An Engagement Group is coordinating the programme. This consists of council and CCG staff, Healthwatch and Age UK.

Wider engagement has taken place with the community sector, residents, older people in care homes and families. A Co-design group has been established of volunteers and this has conducted interviews with providers. These are now being evaluated. Presently the specification and price is being decided, with a decision pending May 2020.

Two providers are definitely offering to build new homes. Other provision might come from utilising existing buildings. There is a now a commitment to open two new nursing homes by 2022.

Officers advised the Commission that the council would achieve the planned 260 nursing home placements this year by:

- Utilizing Tower Bridge home, of which 122 out of 128 beds are for nursing care
- Queens Oak has 89 rooms of which 44 are for nursing care. Southwark now have access to up to 33 rooms and this will increase next year
- Burgess Park is being redeveloped to have 96 rooms, of which 48 will be for nursing
- Giles Court development on D'Eynsford Road propose 84 rooms of which the council will access at least 60% (50)

Home	Number of (proposed) rooms	Cumulative total
Tower Bridge	122	122
Queens Oak	44	166
Burgess Park	48	214
Giles Court	(50)	264

The above will help enable more residents to be placed closer locally, which is needed. Officers provided a breakdown of placements of older people placed out of borough, detailing home name, location and CQC rating. This showed that currently there are 169 residents placed outside of Southwark, of these just over a quarter are outside of London. This is long way for families and friends to visit. Residents placed further away from home will also not benefit from the closer monitoring which is undertaken in more local provision by monitoring visits and the Lay Inspector programme, as detailed below.

4.2 Residential care for older adults

The council has termed contracts with four residential care homes, all run by Anchor Hanover. The contract is due to expire in 2025. Anchor Hanover Care residential homes in Southwark are consistently rated Good by the CQC.

5 Monitoring and quality assurance of older peoples residential and nursery care homes in Southwark

The Commission heard that monitoring and quality assurance of care homes is delivered by:

- Contract Management oversight, visits and reports by council officers and CCG NHS and GPs.
- Quality Alerts and complaints
- Family, friends and advocacy
- CQC inspections
- Lay Inspections
- Healthwatch
- Providers Forum
- Strategic and member oversight

5.1 Providers Forum

There is an Adult Social Care Provider Forum in Southwark. The agenda has included topics that support care homes such as:

- Safeguarding representatives for the Southwark's Safeguarding Adults Board
- Council's skills strategy
- CQC regulations
- Recruitment and retention
- Good work standard
- Liberty Protection Safeguards
- Herbert Protocol

5.2 Council and NHS Southwark Clinical Commissioning (CCG) contract management

Council officers told us that visits are done to local homes at least 6 monthly and a risk-based approach is taken. If more visits are needed, because of concerns or other intelligence, then officers visit more frequently. Officers said that they are on a journey with contract management to improve performance. The Commission received 6 months worth of detailed contract management reports.

Social workers visit service users placed out of borough at least once a year and the monitoring team liaise with host authorities who have the majority of placements in these homes.

NHS CCG officers told us that all Southwark care homes are supported by the CCG funded enhanced primary care service, which is provided by Quay Health Solutions, a membership of GP Practices in north Southwark.

The service enables care homes residents to benefit from a wider Multi-Disciplinary Team (MDT) to enable high quality of care for patients within the homes and avoid unnecessary hospital admissions. This includes, but is not limited to: secondary care; the Care Homes Support Team; Community Pharmacists; Social Care; District Nursing; Palliative Care; Dieticians and other services contributing to resident's care.

There are four main elements to the service: i. Multi-disciplinary Team (MDT) ii. General Practice services iii. Scheduled visits by provider iv. Medication Reviews.

The MDT has had closer working during the pandemic and the services are working towards a 'one team approach' that will further integrate the MDT offer to care homes.

The service is monitored at least quarterly and during the COVID pandemic the CCG have been in frequent contact with the services.

Carers and Lay Inspectors told us council contract and CCG management is crucial to managing performance, particularly as the CQC only visit occasionally. Visits to homes are vital and monitoring cannot just be a desktop exercise.

5.3 Quality alerts and Complaints

Officers told us council Quality Alerts system is in place, which monitors any quality concerns in provider services and can act as an early warning system indicating the need for further monitoring of providers.

Officers also told the Commission that a council complaints system is in place that enables accurate capturing and tracking of complaints received by the team, and includes fortnightly meetings with the Complaints Team. Officers said the council investigates all complaints at all stages when received.

The council also have a separate complaints procedure for Adults Social Care.³ NHS CCG officers told us that the CCG's website provides details on how to complain about NHS services⁴.

Council officers reported Southwark receives less complaints than other boroughs in more affluent areas. This could be because these Local Authorities have more self-funders and so there could be more confidence and a greater sense of entitlement.

The Commission considered a scrutiny report that was produced in response to Francis Report on the Mid Staffordshire NHS Foundation Trust Public Inquiry. This examined the Frances Report's recommendations on the importance of information sharing across organisations, with a formal and informal role in monitoring standards in hospitals and care homes, and the use of complaints information to monitor standards.

The Commission requested a benchmarking exercise with a comparative borough to compare levels of complaints and Quality Alerts, and a summary of complaints, however this was not forthcoming.

Officers explained that the Council is not responsible for complaints from residents who pay privately (fully funded). In that case the CQC is responsible for complaints. The council used to be funded to monitor homes, now this is the CQC. Officers said the CQC are well placed to provide a summary of complaints and benchmarking. The Commission will ask for this when reviewing adult social care.

A carer of a service user told us she raised concerns about a care home a relative was in, and these were at least in part treated as a Quality Alert by the council. One concern she raised was about the GP service, which is monitored by the NHS CCG, not the council. The Commission do not know if the CCG NHS were involved in any part of the investigation.

Her complaints were investigated by the care home internally. When she was dissatisfied with the initial investigation, and she persisted, the complaints were then escalated to the regional care home, where there was a better outcome. She reported she found it difficult to get adequate resolution, even as a very involved family member.

She made a number of recommendations to the commission:

- Care homes need a clearer complaints systems,
- Relatives ought to be given independent access to council officers to raise concerns (rather than this being funnelled via the care home manager),
- A dedicated line to raise safeguarding concerns / abuse ought to be provided.

³ <https://www.southwark.gov.uk/social-care-and-support/adult-social-care/adult-social-care-complaints-and-compliments/complaints-about-adult-social-care>

⁴ <http://www.selondonccg.nhs.uk/contact-us/how-to-make-complaints/>

Improving the complaints process and uptake could be addressed through the CCG NHS nursing contract, the commissioning of the GP service by NHS CCG and via the council commissioning and monitoring process.

Recommendation one

All homes, the Council and CCG ought to have a clear and well publicised Complaints, Quality Alert and Safeguarding processes that details how to raise concerns with the homes, Council, CCG, CQC, and who to go to, and at which point. This ought to include a mechanism to appeal to the council and NHS CCG if a resident or advocate is unhappy with the outcome of an internal resolution process. This ought to be managed through the contract monitoring and commissioning process.

Recommendation two

A record and summary of the number of Complaints and Quality Alerts made to the council, CCG and CQC ought to be provided in an annual report to Cabinet, with benchmarking against comparator boroughs.

5.4 Family, friends and advocacy

A carer told us that developing and maintaining good relationships with carers, family and friends is crucial to the good care of residents.

Her perception was that the care home her relative was placed in did not particularly welcome her close monitoring of her husbands care. She also found it difficult to get adequate resolution of concerns and even as a very involved family member.

She told the Commission that homes ought to be asked if residents without family advocacy are having regular visits from the Independent Lay Advocacy Service. Relatives meetings are very important and ought to happen regularly, and at least quarterly with notice in advance .

Lay Inspectors told us when they visit they ask if there are times set aside for relatives and carers to visit and speak meet and speak with care home staff.

Healthwatch told us monitoring officers ought to attend some relative meetings.

Officers told us the Older People's Hub could give more information to prospective older people, friends and family on how to choose a care home. For example, encouraging people to visit prospective care homes, and looking out for how welcoming a home is.

Recommendation three

Ensure systems are put in place to ensure that people in homes (in and out of Southwark) who are unbefriended have support by the Independent Lay Advocacy service, or similar.

Recommendation four

Ensure that care homes hold regular meeting for families and carers. These ought to happen at least quarterly, and there ought to be a schedule of attendance by monitoring officers, commiserate with the number of Southwark residents and contract management resources.

Recommendation five

Commission the Older People's Hub to provide information and advice to prospective older people and friends and family on how to choose a care home.

5.5 CQC

Officers told us the CQC visit homes regularly depending on risk. A home rated Good will usually be visited no more than once every three years. The council will send intelligence to the CQC, although that may not necessarily trigger a visit.

Lay Inspectors can also contact the CQC; however it is unclear if this happens.

Previous nursing homes that were rated as inadequate /in special measures for a number of years by the CQC have closed down.

Carers and Healthwatch told that even homes rated as Good may not always have comprehensive activity programme in place that enable all residents to go out for walks , for example.

5.6 Healthwatch

Healthwatch have 'enter and view' powers and do occasional visits to care homes. A report detailing a visit to Tower Bridge care home was shared with scrutiny.

5.7 Lay inspectors

The Lay Inspectors is a scheme using volunteer older people to visit local care homes in Southwark. The scheme was initiated by older people from Southwark Pensioners Forum and council officers in partnership with Age Concern (who later merged with another organisation to become Age UK) around 2006. It was an initiative of the then Older People Partnership Board.

Age UK Lewisham and Southwark are now commissioned to coordinate the scheme. When fully functional the Lay Inspectors undertake at least one visit per year (3 in one) but would repeat if there were concerns. Six homes are regularly visited are by

a team of two to three older people. The homes visited are those most used by older people in the borough and include the commissioned Anchor Hanover care homes and the nursing homes with most Southwark residents.

The volunteer Lay Inspectors told the Commission that the scheme has evolved over the 14 years it has been in place. When visiting it is important the right questions are asked and that the Lay Inspectors know what good quality looks like, for example the ability to de-escalate conflict and calm things down. Good quality questions are vital and the ones used on the form supplied to the Commission have developed over time. Dementia and Safeguarding training is required for peer Lay Inspectors.

The former Lay Inspector coordinator told us she retired in the summer of 2019, however she had not been replaced by Age UK Lewisham and Southwark. In December 2019 the Lay Inspectors told the Commission that the absence of a coordinator meant the volunteers in place were not able to sustain the number of visits, which previously would sometimes be as many as 10 over a period of 4 or 5 months. At that point there was one inspection in the pipeline and they were finishing off one more. The Lay Inspectors clearly valued the scheme and were concerned about the continuity of the Lay Inspector scheme and organisational commitment to its continuation.

The Commission heard that there had been a hiatus in the funding, as well as staff changes at an operational and senior level at both Age UK Lewisham and Southwark and the Council, which risked a loss of organisational memory, knowledge and relationships. The Lay Inspectors said the quality of the relationship with the council's commissioning team is crucial to the schemes success.

Senior officers and the Age UK Southwark and Lewisham CEO told us that the Council reviewed the Lay Inspector project in 2009, while it was still a pilot, and found mixed performance against the key objectives. The Council and Age UK Lewisham and Southwark conducted a mini review in February 2020, in the midst of the review, in order to strengthen the Lay Inspectors programme with a view to restarting the scheme and resuming the funding.

This review established that the scheme would benefit from complementary and stronger working relationships between contract management and the Age UK Lewisham and Southwark, which need to be re-established following changes at various levels. New senior staff are now in place in the council and Age UK Lewisham and Southwark.

There is a joint commitment to restart the work using the existing Lay Inspectors and train more in due course. The new Lay Inspectors scheme will focus on seeking the views of service users, family and staff to obtain feedback, rather than formal inspections. The Council and Age UK Lewisham and Southwark also plan to start another initiative 'Care at Home' where older volunteers would ring people receiving care at home.

The Commission heard that the volunteer Lay Inspector welcomed the restarting of the scheme and the complimentary approach to the formal monitoring by commissioners.

Recommendation six

The commission endorse the organisational commitment shown by the council and Age UK Lewisham and Southwark to restart the Lay inspectors programme and establish complimentary and strong working relationships. A summary of the Lay Inspectors work ought to be included in an Annual Report on Care Homes.

5.8 Strategic and member oversight

Officers told us there is a commitment to establish a Residential and Nursing Care Charter, which officers originally said they intended to take to Cabinet in the spring of 2020. This charter will focus on supporting homes to focus on the drivers related to delivering high quality care.

Improving the quality of care homes is a priority of Partnership Southwark

Presently cabinet receive an Annual report on Home Care; an additional one on Care Homes could be a useful addition.

Recommendation seven

An annual Cabinet report on Care Homes would be useful addition. This ought to summarise contract monitoring, CQC, Lay Inspector, Healthwatch, and CCG reports, and include a summary of complaints and Quality Alerts, with benchmarking with comparative Local Authorities.

Recommendation eight

Complete the Residential and Nursing Care Charter.

6 Conclusions

There are comprehensive and committed local monitoring plans in place for residential and nursing home provision for older people based in Southwark, and the welcome restarting of the Lay Inspectors scheme.

Even with good monitoring in place quality remains a challenge given the resource challenges, and Southwark ought to investigate avenues to increase this and tackle the staffing challenges. Activities are not always comprehensive enough even in homes rated Good; staffing can be spread too thinly and disrepair can be an issue, even in Good homes.

There is not enough local capacity if older people get more unwell, and need more specialized dementia and nursing care. Most people want to be placed in local homes. The Nursing home strategy for frail older people will make a significant

difference, however the plans in the cabinet report in April 2019 ought to be reviewed to ensure that Southwark will still have enough capacity and can deliver the target number of additional homes placements locally.

Nursing homes provision plans are thoughtful and engaging, however more haste is needed to expedite the provision. The council first identified the need for more nursing homes in 2015, however the full quota are now not due to be ready for residents until 2022.

A more detailed programme ought to be put in place to monitor and support people placed out in out of borough placements, as these older people are far more isolated from the local connections and monitoring that benefit people in local placements.

Recommendation nine

Expedite the current plans for expansion of provision of Nursing Homes and review future plans to ensure that there will be enough local capacity, particularly for local people with more challenging dementia.

Recommendation ten

Lobby government to bring forward the expected White Paper on social care funding to ensure the service is sufficiently well funded and councils can agree fees with care homes that allows for payment of the London Living Wage, full sick pay and other terms of conditions that reflect the value that we place on this important service.

Addendum: COVID 19

Following the outbreak of the pandemic the Overview and Scrutiny Committee (OSC) received a report on the council response to COVID 19. OSC made a number of recommendations on Care Homes that cabinet accepted, these were:

- take proactive steps to co-ordinate weekly testing of all care staff and residents in Southwark care homes as a matter of urgency, in order to ascertain the level of Covid-19 infection.
- liaise with each Southwark care home provider to ensure that the relevant PPE and levels of PPE are being used in each local care home, to protect care staff as much as possible.
- monitor the pay of care staff at this time, to ensure that none of these low paid workers are being disadvantaged at this time, especially if they have to self-isolate themselves or shield themselves due to their medical conditions, as there is some evidence in the care industry, that some care workers are receiving less than their usual OSP during this crisis.
- remind all care providers to adhere to the key principles of the Ethical Care Charter that exists across the borough, especially at this difficult time.

The Commission also heard directly from council officers and the CCG who told us that visitation by families and friends to residents in care homes is being facilitated through video calls, social distancing and on occasions PPE.

PPE provision for staff has been challenging, but requirements are being met through local collaboration. Testing for homes is being rolled out, prioritised by need. Central government assumed homes could house patients leaving hospital, however residential and nursing homes are not there for this purpose.

As of 15 July 2020, 60 residents of Southwark care homes had sadly lost their lives to COVID 19. The number of residents are as follows:

Care Homes	Type of care home	Number
Greenhive House	OP residential	6
Queens Oak Care Home	OP nursing	12
Rose Court	OP residential	7
Tower Bridge Care Centre	OP nursing	34
Waterside	OP residential	1
		Total: 60

The Older Peoples Hub is assisting with advice for people shielding and hospital discharge, and will be fully open by the beginning of July.

Unison told us that at the start of the pandemic there was not always sufficient PPE for staff to work safely, however the situation has improved. The national PPE guidelines kept changing and manager’s guidance to frontline workers not always clear. Unison voiced concerns that changes to PPE guidance had been driven by availability, rather than clinical need.

Sick pay is important to look after staff and prevent infection. Testing and contact tracing is key to managing the pandemic. Local staff and homes are now accessing testing.

The Commission considered research and the campaigns being undertaken by national organisations ^{5*} for older people, who have said that there has been a 52% increase in deaths amongst people with dementia during lockdown outside of the coronavirus figures – showing starkly that the restrictions put in place have taken a grave toll, alongside that of the virus. The government ought to grant designated family carer access to care homes, in line with that afforded to ‘Key Workers’ – the care home staff. That means access to testing and PPE.

⁵ Dementia UK, John’s Campaign, Innovations in Dementia, TIDE (Together in Dementia Everyday), Young Dementia UK, Alzheimer’s Society and Alzheimer’s Research UK letter dated 9 July 2020 to the Secretary of State

Recommendation eleven

Ensure the Ethical Home Care Charter includes a requirement for sick pay.

Recommendation twelve

Plans must be put place to manage a second wave and the risk of further fatalities by ensuring adequate PPE, testing, and that care homes are not treated as a step down facility.

Recommendation thirteen

Roll out keyworker status to family and friends of older people in care homes, starting with people with dementia and moving to other isolated older people. Everybody has a human right to family life, which includes regular contact⁶.

⁶ See Article 8 Respect for your private and family life.