

<b>Item No.</b>	<b>Classification:</b> Open	<b>Date:</b>	<b>Meeting Name:</b> Health, Adult Social Care, Communities & Citizenship Scrutiny Sub- Committee
<b>Report title:</b>		Care Homes in Southwark	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Sarah McClinton, Director of Adult Care, Children's and Adults Department	

### **RECOMMENDATION(S)**

1. That the Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee note this report.

### **BACKGROUND INFORMATION**

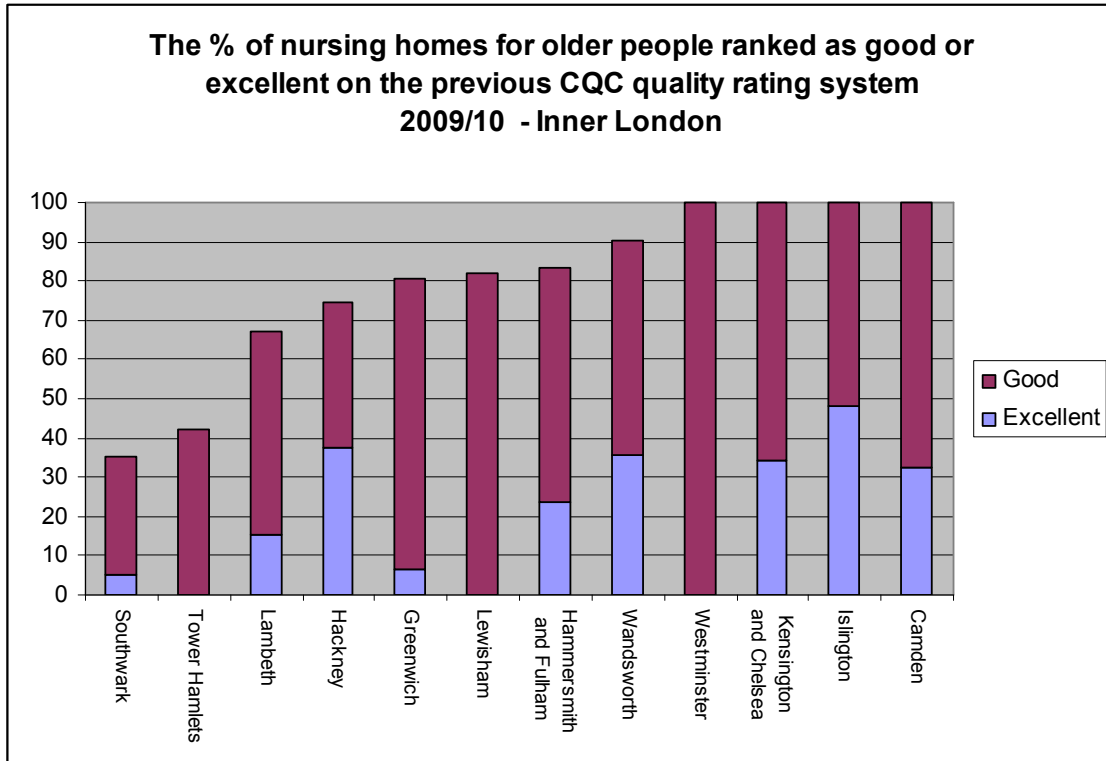
2. The Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee requested a report from the council covering the following points:
  - An overview of Care Homes in Southwark - the range of providers ; how places are purchased (spot or block) ; how many are for social and how many for nursing care. The number of people in care homes, how many are placed out of borough.
  - Care Homes that are on a Care Quality Commission (CQC) improvement plan / any concerns you have
  - Southwark's care home quality improvement strategy
  - How members of the council can engage with local care homes as part of the quality strategy
  - An update on the implementation by the council of the recommendations in the previous Scrutiny Report on Southern Cross.

### **KEY ISSUES FOR CONSIDERATION**

#### **Historical context: Performance of Southwark Care Homes on previous CQC quality ratings**

3. Prior to 2010 the CQC gave a quality rating for care homes after inspection of either poor, adequate, good or excellent. On this system Southwark's benchmarked position was relatively weak due primarily to the high level of "adequate" nursing provision in the borough. Since then the system has been replaced by a pass/fail compliance based inspection system, in which similar problems have persisted with some homes not meeting all standards upon inspection. However, performance is now closer to average.

- To illustrate this the benchmarking chart below from 2009/10 shows the position with regards to the quality ratings of nursing care within the borough, with the % rated either good or excellent being lowest in London.



- Quality problems of a persistent nature have tended to be associated with large scale national nursing care providers whose business model is to sell beds on the spot market. They tend not to engage with commissioners in terms of developing closer partnership arrangements, which reduces the capacity of the department to influence quality. For example when Tower Bridge was built by Southern Cross no contact was made with commissioners and when the provider was contacted by commissioners they did not wish to discuss any form of block contracting arrangement. This is an issue we are working through as part of our improvement strategy.
- In addition, a further point of relevance regarding historic context on quality is that prior December 2000 when the council went into contract with Anchor Trust to build and operate 4 older people's residential care homes, the local authority operated 5 residential homes which did not meet registration standards.

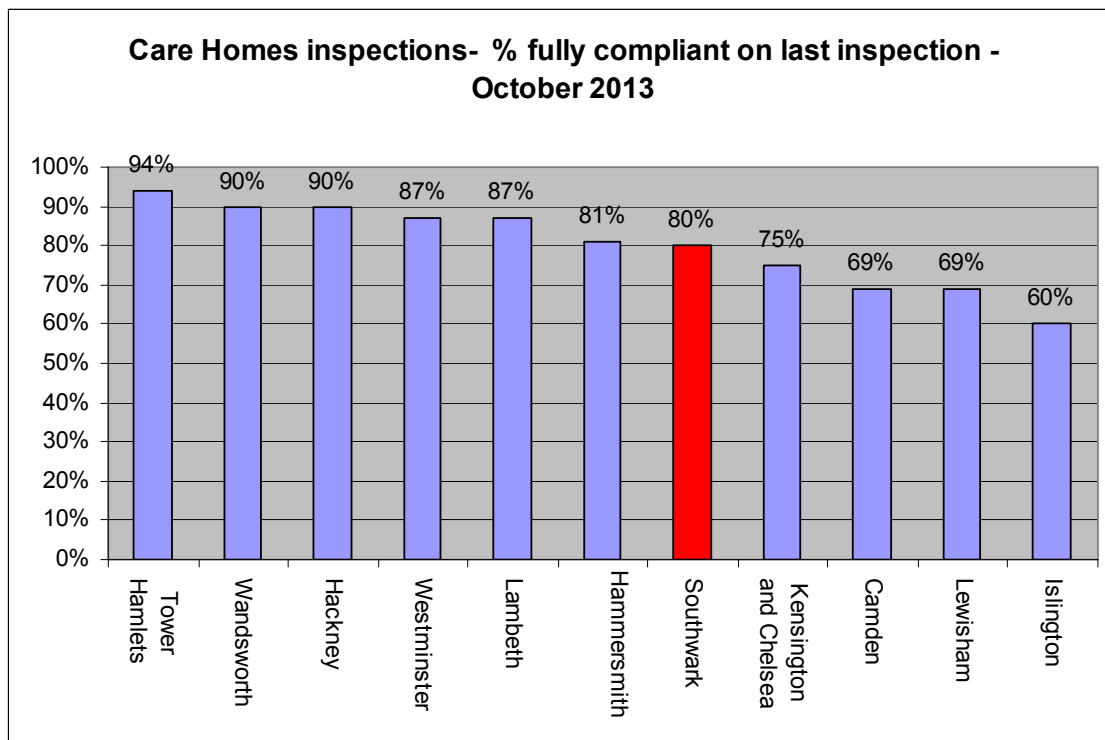
**Summary of care homes in Southwark and last CQC inspection result**

- Within the borders of Southwark, there are currently 36 registered care homes with 885 places for residents. Appendix 1 gives a breakdown of the homes, their residents, usage of the homes, and CQC compliance.
- At the time this report was issued in October, several homes had issues that had been identified so were not compliant in some of the five domains as follows:

- 1 home was non-compliant in 3 domains (this home has subsequently been revisited and is now fully compliant)
  - 2 homes were non-compliant in 2 domains (neither have an updated report yet)
  - 4 homes were non-compliant in 1 domain (3 have not been revisited yet and one has made improvements but still has progress to make)
9. Since this time, as noted above, one home (Rose Court) has been revisited and has achieved compliance in all domains. This home has 64 beds. Other homes are currently being reviewed but an updated report has not yet been lodged. Southampton Way has been revisited and has made progress but needs to develop further to become fully compliant. Irrespective of whether CQC have revisited and adjusted the compliance rating, the council and partners have worked with all providers as outlined in paragraphs 10-15.

**Benchmarking position:**

10. At the time the above information was taken 80% of homes were not compliant on their last inspection against a national average of 78%. Furthermore, 63% of places in the borough were in homes that were fully compliant, due to the size of some of the homes involved.



**Out of borough placements:**

11. Not all Southwark residents are placed in homes that are within Southwark. Currently there are 254<sup>1</sup> out of borough placements. These are most commonly made as a result of service user / family choice or need for specialist placements. Generally out of borough homes are monitored by the host borough. However, if the social work teams notes an issue or there have been safeguarding concerns,

<sup>1</sup> This excludes mental health placements managed and made by SLAM

contract management will work with the host authority to arrange monitoring or undertake this directly.

### **Further information on homes which have been highlighted by the Care Quality Commission**

12. A number of care homes within Southwark have been highlighted by the Care Quality Commission (CQC) as having issues. In each case, the council, health and / or South London and Maudsley (SLAM) have worked with the homes to ensure that actions have been taken to rectify the issues and provide a quality service.
13. As an overview, all homes have taken action to address the issues noted by CQC. In some instances this activity is ongoing so a brief summary of the issues noted and an update on activity is attached in Appendix 2.
14. In contrast to the past relationship with providers typified by limited engagement at senior level and a lack of transparency and trust between the council and its providers, the council now actively engages with providers of care in the borough. Providers have been open and responsive to the council and our partners, and the relationship now is conducive to working together to improve quality.
15. This has enabled the council to work closely with care homes to help identify and address concerns at an early stage to prevent problems occurring. In addition to this day-to-day work with the homes, two meetings currently convene on a monthly basis to take an overview of what is happening with provision and ensure there is senior management oversight and involvement in quality improvement and safeguarding. One meeting focuses on older people's provision, the other on learning disability provision.
16. These meetings have oversight of current issues but also review quality and safeguarding information over time to ensure that any trends are noted and can be raised with the provider.
17. Both boards are attended by the Southwark Safeguarding Adults Manager who reports in to the Safeguarding Board and have social work, commissioning and health represented. They are led by the relevant Head of Service.

### **The national and local context**

18. The Francis Report into events at mid-Staffordshire NHS Foundation Trust raised a wide range of concerns about patient care, safety and dignity and about the attitudes and approaches of managers and staff within the trust. The report also highlighted the failure of the wider health system to ensure services of an adequate quality were being delivered from the trust, including the systems of inspection, regulation, commissioning, contract management, complaints, clinical governance, quality assurance, regional NHS management and performance management arrangements. The failure of the Link and the local authority health scrutiny committee to identify the problems was also highlighted.
19. The inquiry found that the organisational culture, characterised by a lack of transparency and openness, together with an excessive focus on financial and performance targets led to a system that did not put patient care at the centre of what it did.

20. There are a large number of detailed recommendations and we believe it is important for adult social care to draw lessons from what happened. Although the focus of the inquiry was hospital services the findings all clearly translate to adult social care, in particular in relation to care provided in care home settings, where the risk of comparable institutional abuse is significant. The same principles apply to services provided to vulnerable people in their own home and to any other services.
21. It is evident that there are some clear areas that we should all consider relating to the dignity with which people are treated and the compassion with which they are cared for. Key to ensuring that care in all settings is the kind of care we would want for ourselves and our relatives is for us to listen to staff and to the people who use services and their families. Leadership at all levels of organisations is key to improvement and, in Southwark, this is why we started with investment in My Home Life leadership development programme with our local care homes.
22. At a strategic level, the council has built on this leadership development programme to create 'My Home Life Southwark', which is our Quality Improvement Strategy for Care Homes aimed at delivering system-wide change. This strategy is attached as it is substantively a major part of our response to the Francis Report (see appendix 1).
23. My Home Life Southwark applies to all care groups but has a specific focus on older people's homes locally. Separately, the council has considered the lessons from Winterborne View in the light of shocking scenes depicted on Panorama in 2011. Events at Winterborne View and the Serious Case Review that followed highlighted a catalogue of failings in the care system and the need for a culture and a way of working that challenges poor practice and promotes compassionate care. Locally we have set up a Winterbourne View Steering Group to improve services for people with learning disabilities and challenging behaviour with the goal of ensuring there is no such failing for our residents. Progress on implementing the Winterbourne View Concordat has been reported to the Adults Safeguarding Partnership Board and the Health and Wellbeing Board. For the purposes of this report the focus is on My Home Life Southwark: Care Home Improvement Strategy.

#### **Summary of 'My Home Life Southwark': Care Homes Improvement Strategy**

24. 'My Home Life Southwark': Care Home Quality Improvement Strategy 2013-15 (see appendix 1) has been developed through a partnership group comprising representatives from across the Council and NHS Southwark CCG, the Care Quality Commission, Lay inspectors, Age UK and care home providers.
25. We have been supported by the work of My Home Life which developed an evidence base for improving quality of life in care homes. My Home Life was referenced and supported in the White Paper 'Caring for our Future – reforming care and support'. The strategy has also been informed by the recommendations made in the Cavendish Review 'An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings' and the Berwick Review published in August 2013 'A promise to learn – a commitment to act' which highlights the need to place the quality and safety of patient care above all other aims for the NHS.
26. The Strategy responds to the recommendations from The Francis Review 2013 which highlighted a number of key themes: common values, accessible standards

and means of compliance, monitoring of non compliance, openness, transparency and candour, strong leadership and support for leadership roles, accountability and ensuring information is accessible and useable. The Strategy confirms the sector's commitment to working partnership to provide high quality care.

27. The Care Home Quality Improvement Strategy<sup>2</sup>, presented to Scrutiny in September 2013 focuses on both care homes with nursing and residential homes and has five key work streams:-

- Quality assurance – how providers, partners and regulatory bodies work together to have a complimentary and useful quality assurance system.
- Integrated working – using the different skills, experiences and resources available to develop and embed quality practice.
- Safeguarding – focusing on the resident and ensuring learning contributes to a healthy and positive approach to risk management.
- Working together in the future – ensuring commissioning actively supports the delivery of quality care and learning from what others are doing.
- workforce development – supporting and encouraging staff and managers in the industry and making this an attractive career option (quality of life rests largely in the relationship the individual resident has with the individual care worker, who needs to be well-trained, well led, compassionate and committed).

28. Delivery of the Care Home Quality Improvement Strategy will be overseen by a steering group who will have membership from all partners and will meet quarterly to review progress and measure the impact of this on the quality of care, based on measures developed through the Quality Assurance work stream.

### **Success factors to improve quality**

29. As noted above, in order to improve quality, ownership of this needs to be taken across the community. Other factors that will help us to address quality are:

- The approach is about relationship-centred care which is central to a culture of compassion.
- The strategy expands from the immediate relationship between the resident and their carer and also embeds a need for quality relationships at all levels and across all areas in order to have a positive culture of respect, integrity, and responsibility.
- Action plans are based on what partners say will make a difference. The issues were described and defined through a stakeholder day for safeguarding which was attended by a wide range of organisations from lay inspectors through to the police. Understanding the issues means the strategy could address these and by involving people and organisations from across the sector, the strategy has a variety of actions that complement and build on each other.
- The whole strategy is based on an evidence-based approach which grew from those using the homes so this directly reflects what people using services want.

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<sup>2</sup> Agreed by the Cabinet Member for Health, Adult Social Care and Equalities in September 2013 - <http://modern.gov.southwark.gov.uk/ieSearchResults2.aspx?SS=care%20home%20quality%20improvement%20strategy&DT=3&CA=false&SB=true&CX=501288019&PG=1&>

- This approach (My Home Life) has been in Southwark for a year now and working with leaders in the care homes through action learning sets.
- The strategy is about joint ownership and responsibility for quality.
- Community involvement in quality through the current Lay inspection scheme and through involving the community in the life of the homes is an essential element to improving quality.

### **GP Care Home Contract**

30. Historically there has not been a formal Clinical Commissioning Group (CCG) commissioned model for the provision and funding of primary care services to the care homes with nursing in Southwark. Therefore the CCG and the Local Authority have not had mechanisms in place to ensure that the clinical services provided in care homes are contributing to the delivery of better outcomes for the residents who live there. The CCG have addressed this by recently approving a business case for the introduction of CCG commissioned Primary Care contracts for each of the four care homes with nursing. The service specification for these contracts describes a multi-disciplinary approach to the delivery of high quality care which includes additional support from Consultant Gerontologist, Older People's Nurse Specialists, targeted pharmacy support and additional social worker input. The aim is that these services ultimately work to reduce A&E attendances and avoidable hospital admissions for this client group.

### **Southwark Lambeth Integrated Care Programme**

31. The Southwark and Lambeth Integrated Care (SLIC) Programme are working in partnership with health and social care on a number of work stream areas that will directly impact on the delivery of better outcomes for the residents in the care homes in Southwark. These work streams are focussing on improving patient outcomes for dementia, infections, nutrition and falls.

### **Current approach to quality assurance by the council**

32. The approach to quality assurance is about working together with providers and partners to support the delivery of high quality care. This approach requires the council to work in a fair and transparent way with providers and be open when we are not satisfied with the response and the actions we will take as a result of this. Our approach has the following elements:

- Work closely with providers, operational teams, health, Clinical Commissioning Group, and other stakeholders to identify and address issues at an early stage.
- Identify through safeguarding meetings where action is required. Understand if this is a one-off incident or if more systemic changes need to be made.
- Work closely with the Care Quality Commission to coordinate activity and support the work of each other.
- Recognise and share good practice
- Triangulate information across the partners, lay inspectors and Healthwatch to understand what is happening in homes in our borough and make the most of the work we all do with them.

- Keep senior management informed of issues and trends through the quality and safety meetings.
  - Involve senior management of providers at an early stage to get progress on resolving issues before they become embedded.
  - Work with providers to identify and solve issues. Do this in a non-judgemental and supportive way. However, where problems are not being addressed or the response is not satisfactory, use mechanisms available to take action quickly and effectively, from an informal temporary cessation of referrals and improvement notices through to formal embargo if required.
  - Strengthen relationships with communities so homes are open to the community and are an integral part of community life. Members can support this by developing a relationship with homes within their ward and getting to know the residents and the home.
  - Taking collective responsibility for safe and high quality care provision.
33. The Francis inquiry found that the organisational culture, characterised by a lack of transparency and openness, together with an excessive focus on financial and performance targets led to a system that did not put patient care at the centre of what it did.
34. Taking the approach outlined in this report encourages providers to be open with the council and develop a relationship that is focused on what is best for the residents

### **The role of members**

35. As noted in paragraph 29, members play a key role as friends within the home. In addition to the personal relationships with residents and staff, members can help connect residents and the home with their community, wider council and other stakeholders.
36. Members can also contribute to the delivery of high quality care through their independent scrutiny role. Encouraging open and frank dialogue between all partners that is about reflective learning and supporting high quality care sets the tone for all relationships. Southwark can become a lead authority in actively championing high quality care and ensuring the right supports and culture are embedded across all partners and within homes to achieve this.

### **Update on the implementation of Scrutiny Recommendations arising from the scrutiny report on Southern Cross.**

37. During 2011 and the early part of 2012 the Health and Adult Social Care Scrutiny sub committee gathered evidence from a range of stakeholders to ascertain whether lessons could be learnt from the collapse of Southern Cross. The report agreed by scrutiny in June 2012 set out 12 recommendations and in September 2012 Cabinet received a report setting out the council's response to the scrutiny committee's recommendations. This report welcomed the recommendations and set out the progress that had been made with many of the recommendations as well as highlighting areas that required further consideration in order to develop the right approach to respond fully to the scrutiny report recommendations.



38. The recommendations and response are available as with the background documents and the recommendations for the purposes of this report can be grouped and summarised under the following key themes:

- Recommendations relating to monitoring the financial viability of care home operators
- Recommendations relating to the information that residents and families receive from care home providers around ownership and personal charges relating to their care
- Recommendations relating to actions to improve standards of care including how to share good practice, training and support for care home managers and staff teams and the that Southwark LINK (now Healthwatch) and lay 'inspection' scheme has in providing independent views on quality of care.

### **Financial Regulation**

As a part of the development of the Care Bill consultation on market oversight was conducted by CQC in the autumn of 2012. The Council actively engaged with this consultation and welcomes the outcome which includes the extension of the remit of CQC to cover financial regulation of larger care home operators. This step change for the remit of CQC addresses key issues around financial regulation identified by the scrutiny committees report. Specifically CQC will monitor the financial sustainability of providers who are 'difficult to replace' for any reason, including their size, concentration or specialism. The new powers will enable CQC to take a number of steps in order to maintain quality care services, mitigate risks to business sustainability and ensure continuity of care for any person who receives care services. These steps include:

- requiring regular financial and relevant performance information;
- working with the provider to develop a 'sustainability plan' to manage any risk to the organisation's ongoing sustainability;
- using powers to commission an independent business review to help the provider to return to financial stability; and
- requiring information from the provider to enable the CQC to (amongst other reasons) support local authorities to manage provider failure.

39. Alongside this extended remit the Council will continue to undertake its own routine checks of providers' financial viability when contracting with local care home operators and retain its existing responsibilities in this regard that are embedded as part of the councils contracting and financial due diligence requirements..

### **Information for residents and families**

40. Since that report there have been a number of significant changes in the council's approach to the commissioning of care homes including the development of its Care Homes Quality Strategy and its work with 'My Home Life'. Central to this is

developing a shared approach that embeds community involvement in local homes, working collaboratively with residents, carers and their families.

41. The ‘My Home Life’ and Care Home Quality Strategy include developing a more relationship centered approach to how care home operators communicate with residents and family members. And this is not just in relation to financial matters or the ownership of the home. There is a strong emphasis on the critical and important things in a person’s life such as their interests, how they want to be supported and recognised and valued as individuals, all of which can contribute to better quality of life in residential and nursing home settings. This would also cover issues such as flexibility around visiting times as noted in the scrutiny report recommendations.

**Improving the Quality of Care**

42. As noted in paragraphs 15-20 the ‘My Home Life Southwark’ project and Quality Improvement Strategy addresses and goes well beyond the scrutiny report recommendations relating to quality of care and engagement with wider partners including the lay ‘inspectors’. The work of this project includes a network of leaders and care home managers from local providers which, using an action learning set approach, has focused on the development and sharing of good practice.

43. Alongside this there is a workforce development group that has taken forward a broad range of issues including those identified within the scrutiny report relating to core element of staff training around communication and core competencies needed to deliver the very best quality care focusing on a relationships centered model of care that emphasises dignity and respect for users, carers and their families.

44. Key to the success of the ‘My Home Life Southwark’ work has been a strong partnership based approach. Key local groups including the lay ‘inspectors’, Age UK and care home providers have worked closely with representatives from across the Council and NHS Southwark CCG, the Care Quality Commission,

**APPENDICES**

No.	Title
Appendix 1	Summary of all residential care in the borough
Appendix 2	Summary of issues and actions for care home provision in Southwark
Appendix 3	‘My Home Life Southwark’: Care Home Quality Improvement Strategy 2013-15