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| DECISION-MAKER: | HEALTH OVERVIEW AND SCRUTINY PANEL | | |
| SUBJECT: | QUALITY ASSURANCE OF HEALTH AND SOCIAL CARE PROVISION | | |
| DATE OF DECISION: | 19 SEPTEMBER 2013 | | |
| REPORT OF: | ALISON ELLIOTT | | |
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STATEMENT OF CONFIDENTIALITY

Not applicable

BRIEF SUMMARY

This report outlines work being undertaken to ensure safety and quality in adult health and care provision.

The quality of provision is crucial in ensuring service users are safe, that care is of good quality and needs are met effectively. There is an expectation that providers of health and social care services will monitor the safety and quality of their provision. The quality is also externally monitored in a number of ways to ensure there is a good understanding of individual providers and overarching market management issues.

All providers of care services are required to register with the Care Quality Commission (CQC). In addition to CQC inspections, Southampton City Council (SCC) and Southampton City Clinical Commissioning Group (CCG) manage contracts with providers ensuring quality standards are met. There has been some joint working between the two Quality Assurance teams, but it is proposed that these are amalgamated within an Integrated Commissioning Unit to further improve a co-ordinated, comprehensive approach to quality improvement and assurance.

RECOMMENDATIONS:

- (i) That the Panel notes the report.
- (ii) That the Panel requests regular exception reports on the quality and safety of health and social care provision in Southampton that highlight key areas of concern and actions.

REASONS FOR REPORT RECOMMENDATIONS

1. The provision of good quality, safe care services are key elements in achieving positive outcomes for residents and improvements in core services. There are different regimes in place to ensure quality standards

are enforced and to support improved quality of care. Providing information of quality and safety issues and their outcomes will provide assurance to HOSP that processes are in place to support the development of high quality services and to identify, monitor and challenge issues which lead to speedy change and improvements if necessary.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. To provide exception reports on CQC inspection outcomes, however this would give only one indicator of quality concerns.

DETAIL

QUALITY OF CARE

CURRENT ISSUES OF CONCERN WITHIN SOUTHAMPTON

3. There are 10 Registered Nursing Homes in Southampton, of these 3 have Safeguarding Suspension status and 2 have Safeguarding Caution status. SCC also contract with a number of Nursing Homes close to the City and of these, 3 are suspended and one has caution status. Several of the suspended homes belong to the same company. There are 32 Registered Residential Care Homes in Southampton. Of these 3 have Safeguarding Suspension status; 2 other have Safeguarding Caution status. The 3 Suspended Care Homes belong to the same small company. There are no other Residential Homes close to Southampton with a Safeguarding status. There are 16 Registered Care Homes providing care to younger adults. None have Safeguarding status. There are approximately 30 Registered Domiciliary Care Providers in Southampton. Currently 1 of these has a Safeguarding Caution status, none are Suspended. Not all of these providers contract with SCC. SCC also use a number of providers, who are based outside but close to the City. None of these have Safeguarding status.

CARE QUALITY COMMISSION

4. The Care Quality Commission inspects care in hospitals, care homes, people's own homes, dental and general practices, and other services against national standards. Most are inspected at least once a year, and dental services at least once every two years. Services are re-inspected if a provider has been deemed as non-compliant and CQC will inspect services more often if they think they are providing poor care that might be putting people at risk.
5. During inspections the assessors ask people about their experiences of receiving care, talk to frontline staff, check that the right systems and processes are in place and look for evidence that the service is meeting national standards.

6. Inspection Reports are published on the CQC Website, under the name of the Registered Provider. The level of non-compliance is judged by its impact on the people who use the service, either minor, moderate or major. A timescale is set for the Provider to carry out the required improvements. Where CQC judge that the non-compliance of an individual provider requires more formal action, Warning notices are issued. These advise the provider in detail of their failures and a timescale for rectification/compliance is set. Warning notices are copied to Councils and to the local press. CQC will re-inspect to judge whether the provider is compliant. Failure to comply with Warning Notices will be likely to result in severe action against a provider. CQC can also take legal action against a provider, where criminal acts are judged to have been carried out.
7. The CQC website map should be updated weekly with newly published inspection reports and information sent direct to local authorities. The SCC Quality team monitor the website on a weekly basis to identify newly published inspection reports. This information is considered by the internal quality teams and actions and monitoring implemented. To ensure effective communication and sharing of key concerns CQC meet quarterly with the SCC Director of People Services. CCG Quality leads are members of the Southampton Adult Safeguarding board and the Wessex Quality Surveillance group.

ADULT SOCIAL CARE QUALITY ASSURANCE PROCESSES

8. Adult Social Care provides and commissions a range of services to meet the assessed needs of people requiring social care services. These include registered residential and nursing settings as well as a range of services to support people in the community and in their own home. A fundamental part of ensuring these services provide care of an appropriate quality to vulnerable people is a proactive contract monitoring process. The aim is to support the providers in achieving and improving quality and safety.
9. Quality audit visits consider management of the home, skills and training of care staff, supervision, dignity of users, care planning competency as well as the physical nature of the building/service. From this information the team can determine whether the provider is delivering a good service and where improvements can be made. Following visits, reports are compiled with recommendations for improvements, including for training and other staff development needs. This may result in ongoing visits dependent upon the actions taken by providers. Performance data is also monitored.
10. The Quality Assurance team has a significant role with regard to the safeguarding of vulnerable service users, and joint visits to homes and services are carried out with the safeguarding team if required. Information on quality assurance visits is made available to CQC to enable the proper sharing of information in order to further protect individuals

CCG QUALITY ASSURANCE PROCESSES

11. Southampton City CCG commissions healthcare provision ranging from nursing homes through to hospital and community health services. Quality elements are agreed within each contract. All commissioned services have clear outcomes for quality and understand the escalation process if standards fall below what is defined. Clinical Quality Review Meetings (CQRM) are held monthly with the main providers to monitor all aspects of the quality element of

the contract (including patient survey outcomes) and receive assurance on compliance.

12. There is a detailed process for monitoring Serious Incidents (SIRI's). A serious incident is defined nationally and includes unexpected or avoidable death or severe harm of a service user, staff member or member of the public, allegations of abuse, significant loss of confidence in a service, or a scenario that prevents a providers ability to continue to deliver healthcare services. The provider is required to inform the CCG of the incident within 48 hours and submit an initial review of what happened, followed by a more detailed analysis normally within 45 working days. Serious incidents are monitored on an individual basis to ensure investigations are comprehensive and actions are completed. They are also considered as a group of incidents to identify any emerging trends. Lessons learnt from serious incidents may result in changes to policies and procedures and will be incorporated into contract requirements where necessary. In some instances the outcomes of serious incidents can result in capability or disciplinary action being taken against staff where appropriate.

SAFEGUARDING ADULTS

13. Any safeguarding alert about a health or social care provider is captured in a central database and alerts raised are discussed at a multi-agency meeting where the response to alerts is agreed. A safeguarding process which is proportionate to the concerns raised is undertaken ranging from oversight of the providers own investigation and plan for improvement to a police led investigation. Decisions are made on appropriate plans to protect the individual affected and this can include whether placements with the service can continue or in extreme cases if there is a need to consider moving individuals to another provider. When the safeguarding concern has been resolved quality assurance monitoring of the provider ensures continued compliance with required standards.
14. The Southampton Safeguarding Adults Board (SSAB) role is to provide independent governance and assurance on the safety of vulnerable residents locally. The Board has developed an integrated performance dashboard which holds Board members who commission or provide services to account. This includes information about the number of providers where there are safeguarding concerns. The Board also reviews the local implications of national safeguarding issues, for example it has recently examined the action plans in response to the Frances Report (into the care at Staffordshire Hospital) of all the providers of hospital care locally. CQC are members of this Board.

INTEGRATED COMMISSIONING UNIT

15. The proposal in the development of an Integrated Commissioning Unit across SCC and Southampton City CCG is to integrate quality assurance across the two organisations and some elements of the safeguarding work undertaken with provider organisations. This will allow for streamlining of processes and improved communication. High profile cases, such as Winterbourne and the Francis inquiry and local serious case reviews have emphasised the need for this area of work to be thorough and co-ordinated.

16. Quality is the key driver in the contracting process and as part of this commissioners want to facilitate a two way dialogue with providers about quality in all aspects to enhance and strive further for higher standards of care wherever possible. This can only be achieved by moving to a culture of quality improvement, supported by quality monitoring and open and honest conversations between all parties about good practice and the challenges facing providers.
17. The Integrated Commissioning Unit will be able to ensure effective performance and outcome monitoring and from this provide an exception report that will inform governance and assurance processes in the City. This could be used to inform an overview report for Overview and Scrutiny Committee with ad hoc reports as required for serious issues

HEALTH AND SOCIAL CARE WORKERS

18. Assurance about quality of staff within individual health and social care services is the responsibility of each provider. However this is also externally monitored as part of the processes outlined above.
19. CQC have a key role in ensuring providers meet nationally set standards for staff in regulated services. This includes ensuring providers have robust recruitment processes, training, supervision, the provision of guidance for staff to deliver their role effectively and effective oversight and assurance processes of the work they do.
20. Health and social care contracts specify requirements regarding staffing. These contracts are regularly monitored including reviewing staff recruitment, training records, customer comments and complaints. More importantly the outcomes for customers are monitored. This includes using feedback from health and social care staff and direct feedback from customers and carers gathered both by the provider and by commissioners.
21. As more people contract their own health and social care support in response to the Personalisation agenda a range of services have been developed to ensure quality and safety in this emerging market.
22. Contracts with local User Led Organisations (ULO) also provide training and support to Personal Assistants (PAs). Local self-assessment against national markers are underway to ensure the City is progressing towards high quality person centred services. This includes commitments set out in regards to Adult Social Care through Think Local Act Personal (TLAP) Making it Real programme and the Makers of Progress, set out by NHS England for the roll out of Personal Health Budgets. As this progresses the service will be able to show not only its own quality and standard of personalised care offered, but benchmark against many other areas undertaking the same approach.
23. Individuals who choose to take a Direct Payment have access to support through the ULO to help with a number of aspects (for example managing budgets and recruitment). These are monitored through contract arrangements and individual packages reviewed by trained and competent staff. Regular checks on expenditure and purchases are also undertaken through internal audit processes to ensure quality and appropriate care is secured.

24. Whilst social care providers have responsibility for ensuring staff are adequately trained the Council provides funding via a national grant to support care staff training. This programme is agreed with Provider Services forums and is developed with reference to overarching issues highlighted via quality assurance reviews and provider safeguarding investigations. Recent programmes have included “managing to care safely” course targeted at care home managers.
25. Commissioners are currently working with CAPITA colleagues to review the implications of introducing a living wage requirement within contracts

SERIOUS INCIDENTS INVOLVING INDIVIDUALS WITH MENTAL HEALTH CONDITIONS

26. Mental health services for adults of working age in the City are jointly provided between the Council and Southern Health NHS Trust under a Section 75 Health Act Flexibilities arrangement, with Southern Health as the lead agency. The CCG commissions the health element of the service and supports the partnership arrangements, as integrated care provides the best experience for service users.
27. Following a number of serious incidents and deaths of users of adult mental health services, including individuals who had recently been detained by the police service pending a Mental Health Act assessment actions are underway which are over and above the usual monitoring requirements. This includes a number of thematic reviews of service provision, site visits and additional scrutiny of SIRIs. The actions are being undertaken jointly with Southern Health, the CCG as commissioner of the health element of the service and the City Council. An action plan has been developed focusing on the immediate safety of the service in addition to a medium term review of the operating model. This is being monitored in fortnightly meetings and the need for an increased level of City Council oversight of the service is being built into the remodelling proposals for Adult Social Care. Southern Health have introduced a number of changes including stringent governance model and have increased clinical oversight of assessments.
28. The Southampton Safeguarding Adults Board has received 2 reports on Southern Health incidents. The October meeting of the Board will consider the root cause analysis and action plan. The Board will monitor the work being undertaken and require Southern Health to provide assurance on the outcomes of the action being taken.

RESOURCE IMPLICATIONS

Capital/Revenue

29. All of the work described will be undertaken within current health and social care resources.

Property/Other

30. There are no other implications.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

31. As described in "No Secrets" guidance 2003 the local authority is required to take the lead agency role in ensuring effective arrangements are in place to secure the safety of vulnerable adults in Southampton.

Other Legal Implications:

32. None

POLICY FRAMEWORK IMPLICATIONS

33. National Quality Board: Quality in the new health system – maintaining and improving quality from April 2013

KEY DECISION? No

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| WARDS/COMMUNITIES AFFECTED: All |
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SUPPORTING DOCUMENTATION

Appendices

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| 1. | None |
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Documents In Members' Rooms

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| 1. | None |
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Equality Impact Assessment

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| Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out. | No |
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

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| Title of Background Paper(s) | Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable) |
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| 1. | None | |
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