

Agenda Item No: 7

DEEP DIVE - QUALITY OF CARE PROVISION (CARE PROVIDERS)

To: **Adults Committee**

Meeting Date: **7 November 2019**

From: **Will Patten, Director of Commissioning**

Electoral division(s): **All**

Forward Plan ref: **N/A** *Key decision:* **No**

Purpose: **The report provides a detailed update the current quality of care provision across Cambridgeshire care providers.**

Recommendation: **To note and comment on the contents of the report.**

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1. BACKGROUND

- 1.1 This report provides a deep dive on the current quality of care provision (care providers) across Cambridgeshire.

2. MAIN ISSUES

2.1 CONTEXT

The Care Act 2014 sets out the expectation for Local Authorities to manage market availability of care provision and to ensure that provision is sustainable and of good quality. The Council works with local providers on an ongoing basis to offer support to ensure quality of care is maintained and this report provides an overview of the current assessed state of quality of the social care provider market, as well as the work that has been undertaken over recent months to support providers in this area.

2.1.1 *Overview of Care Providers in Cambridgeshire*

Cambridgeshire has a large footprint of social care providers, with 121 care homes with 5,551 beds in total. Cambridgeshire County Council (CCC) currently has block contracts in place for 360 of those beds, in addition to a number of purchased spot bed provision.

There are 356 older people commissioned service providers which undertake regulated activities which we monitor the performance of, these services span all areas of need, including:

- Supported living
- residential care
- domiciliary care
- extra care housing
- information, advice and guidance

Although, capacity of care is sufficient across the county at a global level, we see a disparity of provision across rural areas, with key pressures varying across districts:

- **Fenland:** lack of care home provision in rural areas; and lack of personal assistants
- **East Cambridgeshire:** significant shortage of nursing and nursing dementia placements; homecare capacity; and shortage of personal assistants
- **Cambridge City and South Cambridgeshire:** homecare capacity; shortage of residential dementia, nursing and nursing dementia provision; care workforce recruitment – high cost of living; and shortage of personal assistants
- **Huntingdonshire:** homecare capacity; nursing and nursing dementia placements; current and future supply of extra care accommodation; and shortage of personal assistants
- **Peterborough:** lack of homecare provision in rural areas; lack of appropriate care facilities for younger adults with complex care needs; difficulty recruiting good quality nursing staff; and shortage of personal assistants

Cambridgeshire, also faces local challenges in care provision, due to the rising costs of care and workforce challenges including recruitment and retention of staff. This is a particular challenge in relation to nursing care provision. Cambridgeshire has the second lowest ratio of care workers to population (aged 65 and over) across the Eastern Region.

Across the East of England, Cambridgeshire has the:



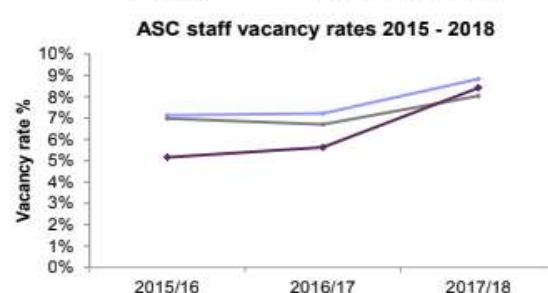
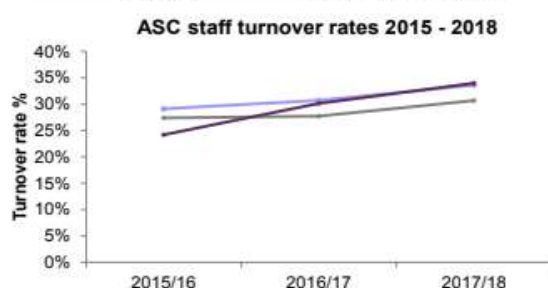
Staffing vacancies across Cambridgeshire are 8.4%, with turnover rates at 33.9%, whilst challenging, are very much in line with national and regional averages as can be seen from the graphs below.

Staffing – adult social care turnover and vacancy



Area	Turnover rates		
	15/16	16/17	17/18
Cambridgeshire	24.2%	30.1%	33.9%
Comparators	29.1%	30.7%	33.6%
England	27.4%	27.7%	30.7%

Area	Vacancy rates		
	15/16	16/17	17/18
Cambridgeshire	5.2%	5.6%	8.4%
Comparators	7.1%	7.2%	8.8%
England	7.0%	6.7%	8.0%



Legend: Comparators (blue line), England (grey line), Cambridgeshire (purple line).
 Significantly better (green square), Significantly worse (red square).

This slide provides information on estimated levels of staff turnover and vacancies within adult social care services in recent years. These estimates are developed by the Workforce Intelligence team at Skills for Care using data supplied by adult social care organisations. Data may be subject to data quality and completeness issues. Data supplied directly to CQC by Skills for Care in July 2018.

We are also continuing to see increased demand for services as a result of a growing older population and increased complexity of need.

Ageing Population

Our population of older people is increasing at a much higher rate than that of the general population. These increases will mean a much higher demand on our services for older people.

By 2026 the population is projected to increase by ¹



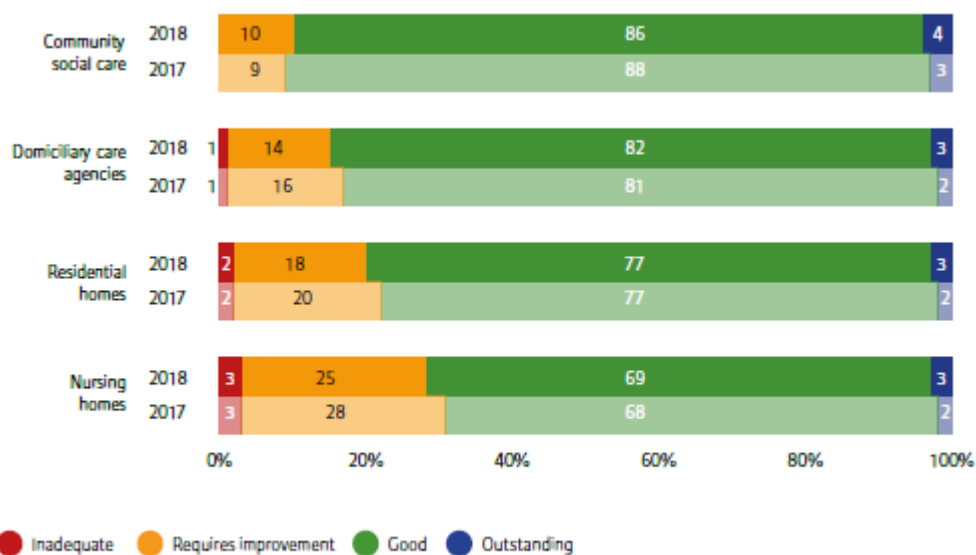
By 2025 people aged 65+ are projected to have an increase in these conditions ²



1. Cambridge Research Group
2. POPPI <http://www.poppi.org.uk/>

2.1.2 National Overview of Adult Social Care CQC Ratings

The Care Quality Commission (CQC) is responsible nationally for the regulation and inspection of health and social care providers. According to their annual State of Care Report 2017/18, nationally 79% of all adult social care providers are rated good and 3% are rated outstanding.



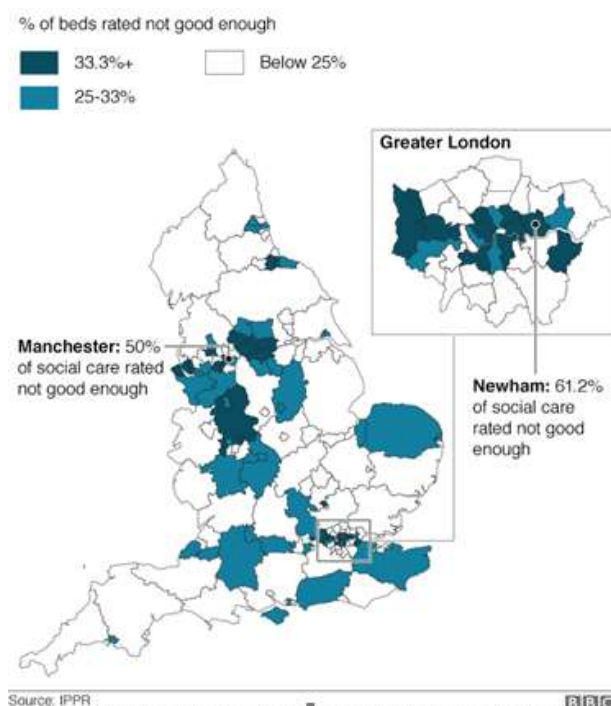
● Inadequate ● Requires improvement ● Good ● Outstanding

Source: CQC ratings data, 31 July 2017 and 2018.

However, there is variation in quality between different types of adult social care services, as can be seen from the above diagram. Nursing homes are particularly affected by workforce issues, with the national shortage of qualified nurses being a particular problem in adult social care. A pattern which is also shared locally.

2.1.3 Local Overview of Adult Social Care CQC Ratings

Despite, some of the challenges outlined above, Cambridgeshire is one of the better performing local authorities across the country in terms of CQC ratings, with ratings well above the national average, as can be seen from the map below.



Current CQC inspection ratings for Cambridgeshire identifies that:

- **Care Homes:** 95.8% of homes are rated good and above, compared to 82.6% nationally. The table below illustrates these ratings in more detail.

National	IA	RI	GO	OU	NR	Total	IA	RI	GO	OU	NR	Ratings Score	Key:
England	227	2,388	11,849	549	588	15,601	1.5%	15.9%	78.9%	3.7%	3.8%	63	Outstanding
Region	IA	RI	GO	OU	NR	Total	IA	RI	GO	OU	NR	Ratings Score	Key:
East of England	35	238	1,350	70	57	1,750	2.1%	14.1%	79.7%	4.1%	3.3%	62	Good
STP	IA	RI	GO	OU	NR	Total	IA	RI	GO	OU	NR	Ratings Score	Key:
CAMBRIDGESHIRE AND PETERBOROUGH STP	1	6	150	10	7	174	0.6%	3.6%	89.8%	6.0%	4.0%	66	Requires improvement
CCGs	IA	RI	GO	OU	NR	Total	IA	RI	GO	OU	NR	Ratings Score	Key:
NHS Cambridgeshire and Peterborough CCG	1	6	150	10	7	174	0.6%	3.6%	89.8%	6.0%	4.0%	66	Inadequate

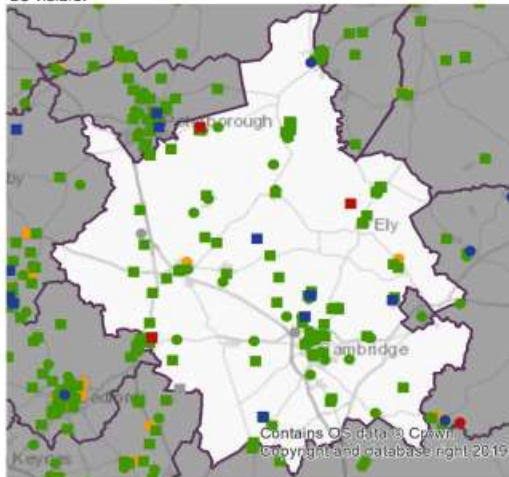
Not formally rated

A more detailed breakdown of adult social care providers and CQC ratings across care types can be found below. This shows that Cambridgeshire is performing comparatively better than both statistical neighbours and national averages.

Ratings – adult social care



This map shows the overall ratings of active adult social care locations in Cambridgeshire. There may be multiple locations in one position so not all locations may be visible.



CQC data accessed on 18/07/19.

Nursing homes - see circles on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	13% (6)	78% (35)	4% (2)	4% (2)
Comparators	3%	19%	69%	5%	4%
England	2%	21%	68%	4%	4%

Residential care homes - see squares on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	3% (3)	2% (2)	86% (74)	6% (5)	2% (2)
Comparators	1%	13%	80%	4%	3%
England	1%	13%	79%	3%	4%

Domiciliary care agencies - not shown on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	9% (8)	67% (60)	2% (2)	22% (20)
Comparators	0%	8%	68%	4%	19%
England	1%	10%	65%	3%	21%

Community care services - not shown on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	0% (0)	86% (12)	0% (0)	14% (2)
Comparators	0%	6%	62%	4%	29%
England	0%	5%	69%	4%	22%

*R.I. = requires improvement

Numbers in brackets are the number of locations.

In addition, the below shows that Cambridgeshire care homes are performing better than the national average in relation to acute hospital pathways, with the exception of delayed transfer of care (DTC) which continue to be a challenge for the wider system although this is recently improved on previous years.

Activity – acute hospital pathway overview (from care homes)

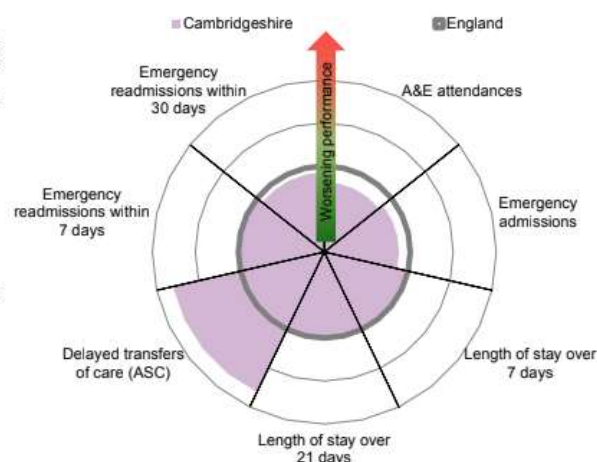


Dartboard for hospital attendees/admissions aged 65+ coming from care homes

The shaded purple area in the dartboards represents the LA's performance relative to the average performance across England, which is denoted by the bold grey line. If the LA performance extends beyond the bold grey line then the performance of the LA is worse than the England average. Moving clockwise around the dartboards represents elements of an acute hospital pathway, through A&E attendance, to admission, discharge and readmission.

The analysis uses postcode of residence to identify activity from care homes. As such, it may include data pertaining to other addresses within the same postcode and overestimate activity from care homes.

Time periods differ between indicators. Full details can be found in the technical appendix (linked in slide 2)



2.2 LOCAL MANAGEMENT OF QUALITY

2.2.1 ***Approach to Management of Quality of Care***

The Council is committed to ongoing work with local care providers to manage the market to ensure that quality of care is maintained in a sustained manner. CQC ratings locally are better than national and regional counterparts and the Council works continuously with providers to proactively ensure quality is maintained, as well as responding to notifications of concern where a quality issue has been identified.

Quality issues are often a symptom of underlying organisational issues and with greater emphasis and attention to proactive measures such as robust contract management and developing good provider relationships, underlying issues can be identified, and collaborative measures taken before they impact on the quality of provision. We know that there is a correlation between organisational culture and quality. Having a greater understanding of a provider's business model, particularly financial and values based investment in staff and premises upkeep, can provide warning flags which trigger greater levels of monitoring and support. Commissioning care at a fair rate is also critical to support providers investing in those elements which we know affect quality.

Our approach to provider management in terms of prioritisation and frequency is based on risk. Those providers with the highest level of service users and financial commitment will have monthly contract management. Each contract manager has 2 contract officers linked to their provider base. Contract officers are geographically aligned and work closely with the locality social work teams in their area, facilitating the building of good relationships with social work teams and ensuring the sharing of market intelligence about providers. Additionally, it also supports the identification of information about providers that deliver good or innovative services.

Other elements that affect the risk profile and therefore frequency or prioritisation of provider monitoring are:

- the number of notifications of concern below the safeguarding threshold
- the number of safeguarding concerns,
- complaints from service users or families
- concerns regarding organisational viability
- intelligence from partner agencies.

Contract Officers have a programme of contract monitoring reflective of all of the factors described above, which feeds into the routine or prioritised contract management meetings. Where appropriate monitoring is jointly undertaken with CCG contract and quality monitoring teams and a joint approach to quality management and improvement is taken.

Routine provider monitoring by contract officers includes:

- On site monitoring of service delivery where policies, care planning, emergency plans, staff employment processes, staff training, medication processes, fire evacuation plans, recording and care delivery are reviewed.

- Sample review of care plans considering person centred information about care needs including dietary and fluid requirements, skin integrity, moving and handling, strategies for engagement and support, activities, likes and dislikes.
- For care homes a premises review is undertaken which includes general safety, quality of furnishings, dining experience, interaction between staff and residents, cleanliness and odour of the environment.

A report is produced for every visit that is undertaken and this report is discussed with the provider before it is finalised. Where issues are identified the provider is required to produce and implement an approved action plan which seeks to redress areas of concern within an agreed timescale. In such circumstances, onsite contract monitoring will be increased up to weekly and support is provided around best practice, identification of training needs, Occupational Therapy support for moving and handling, Technology Enabled Care team involvement to support oversight, remote management and warning systems.

We involve partner organisations at the earliest point, such as the CCG, who will provide health specific support and training, or engagement with health based community services such as Pharmacies, District Nurses or GP's where their support could aid the provider to improve. Fire and rescue agencies will also provide support when related concerns are identified.

Where providers are not improving despite increased support, or when concerns are significant, a provider of concerns meeting is held. This is a supportive meeting that engages with the provider's senior management, allowing the opportunity to discuss concerns and identify where additional support or provider investment is required. Meetings are chaired by the Head of Contracts, Brokerage and Quality Improvement and attended by the Head of Safeguarding and relevant operational staff from CCC, health colleagues and CQC. This forum also provides the opportunity to discuss voluntary or enforced suspension of new placements. Such decisions are taken when it is agreed that new placements would be detrimental to the delivery of improvements and/or heighten risks to service users.

2.2.2 ***Joint Market Position Statement***

We recently launched our first Joint Market Position Statement, jointly with PCC, which outlines the challenges we face as a system in providing adult social care and our intentions to work together with local providers to commission different approaches that achieve positive outcomes for our citizens and meet the increasing demand, with a focus on:

- Increasing choice and control to empower adults and their carers
- Improving social care workforce recruitment and retention
- Supporting community resilience and micro-enterprises
- Enabling positive risk-taking to empower adults we support to have healthy relationships and fulfilling lives
- Supporting people to remain as independent as possible for as long as possible
- More integration of services across public and third sector organisations

This Market Position Statement is the beginning of a conversation and we continue to engage and work proactively with providers across Cambridgeshire via a variety of mediums.

2.2.3 ***Communication and Wider System Working***

The Council works closely with wider system partners to ensure that proactive management is undertaken via information sharing with system partners to support early identification of issues and partnership working is embedded in the contract management and quality monitoring process. This includes:

- Regular two-monthly meetings with CQC, alongside the Clinical Commissioning Group (CCG), local NHS providers, the police and fire brigade. The focus of these meetings are to discuss the management of existing providers of concern and highlight any new areas of concern, to ensure a multi-disciplinary response to supporting issues.
- A teleconference is held every 3 weeks with CQC, the CCG, Head of Safeguarding and the Head of Contracts, Brokerage and Quality Improvement where key provider concerns are discussed.
- Attendance at the quarterly Quality Surveillance Group chaired by NHE England

Intelligence from these forums is used to determine whether the level of provider support or intervention is appropriate.

In addition to this we engage regularly with providers and the wider system in the identification and management of issues, including:

- Quarterly locality forums
- Registered manager meetings
- CCG care home forums

The purpose of this engagement is to improve partnership working and information sharing about settings and to provide more informal opportunities where providers can raise concerns, asks questions and share best practise.

We work closely with the CCG's Care Home Support Team, which focuses on health based training and support to improve care home provision and prevent unnecessary hospital admissions. In addition, we distribute monthly newsletters and quarterly thematic information to providers providing links to good practice, training opportunities, education and advice. Wherever possible and appropriate this is linked to particular concerns or topics of interest, such as dementia week, the Public Health falls programme, CCG and community health programmes.

Managing and Communication of Concerns

The contract management and monitoring processes that are in place provide a good level of internal and partner communication of concerns.

When a provider suspension is in place, or there is media interest in any setting, the Head of Brokerage, Contracts and Quality Improvement and Head of Safeguarding will work with the CCC Communication Team to prepare a statement. Directors, the Chair

and Vice Chair of the Adults Committee will approve any communication, and this will be shared with the Adults Committee and relevant local Councillors.

The organisational concerns process will be in place for all suspended providers, part of which recommends the provider holds a meeting for residents and relatives which will be attended by CCC contract and operational staff.

2.3 OVERVIEW OF LOCAL QUALITY ISSUES

The below provides an overview of existing issues which are being managed by the Council:

- We have increased monitoring in place for 17 providers
- There are suspensions in place for 2 providers (one domiciliary care provider and one learning disability residential setting). This means that the provider cannot accept any new service users.
- There is 1 care home which has a CQC enforcement, which requires prior agreement for all new placements.
- 3 residential settings have recently been supported out of suspension and whilst increased monitoring continues on a reducing basis, there is evidence of sustained improvement.

Over the last 12 months, we have also had a number of provider failures and contract handbacks, including:

- 1 care home closure due to ongoing safeguarding concerns and failure to evidence improvement, despite intensive long term support.
- 1 care home closure as a result of the provider's own business decision. This was not related to any quality concerns.
- 1 domiciliary care provider has given notice on their contract. This provider was already receiving intensive support and was subject to suspension of new placements.
- In addition, we find that many providers, mainly in the domiciliary market, seek support for individual service users regarding provision, which in the main are due to changes in need, such that the provider is no longer able to meet. For example, female only or double up care is required and the provider does not have specific capacity available.

In all of these instances, the Council has worked closely with providers, individuals and their families to ensure a managed transition of their care to alternative providers.

Management of local quality issues and provider concerns, provides us with an ongoing opportunity to take learning to improve our future management of quality. Learning to date has enabled us to identify a number of areas where we have made improvements to processes, including:

- The transition to a more commercial proactive contract management model, which includes standardised monitoring and discussions about transparent business models with providers. Annual uplifts are now only considered with

evidence of relevant financial information and contract monitoring will link this financial transparency with evidence of investment in staff and property.

- We are looking at commissioning training for students and building a bank of staff to be available for seasonal work to help manage and respond to the flow and hand back issues we experience during the holiday season.
- We have reviewed the process for managing concerns at an organisational level, which has provided a formal escalation route that is supportive but challenges organisational improvement from a multi-agency perspective.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

The following bullet points set out details of implications identified by officers:

- Good quality, effective and appropriate services are provided to adults which are personalised and deliver care in the right setting at the right time supporting a good quality of life for people.

3.2 Thriving places for people to live

The following bullet points set out details of implications identified by officers:

- Ensuring people have access to the most appropriate services in their communities

3.3 The best start for Cambridgeshire's Children

There are no significant implications for this priority.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category

4.4 Equality and Diversity Implications

There are no significant implications within this category

4.5 Engagement and Communications Implications

There are no significant implications within this category

4.6 Localism and Local Member Involvement

There are no significant implications within this category

4.7 Public Health Implications

There are no significant implications within this category

DEEP DIVES DO NOT REQUIRE SIGN OFF

Source Documents	Location
Care Quality Commission State of Care Report 2017/18	https://www.cqc.org.uk/publications/major-report/state-care
BBC News Report, 'Where not to live if you want a good care home'	https://www.bbc.co.uk/news/health-49667856
CQC Local Area Profile – Cambridgeshire	https://drive.google.com/file/d/1eLDZ9wrykG9hNz678P1a0odLjXkAhrEp/view
Cambridgeshire County Council and Peterborough City Council Joint Market Position Statement	https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/strategies-policies-and-plans/adult-social-care-market-position-statement/