

LEICESTER, LEICESTERSHIRE AND RUTLAND

**PCT CLUSTER BOARD
 12 JANUARY 2012**

Front Sheet

Title of the report:	Care Homes and Continuing Health Care Report
Report to:	PCT Cluster Board
Date of the meeting:	12 January 2012
Report by:	Caroline Trevithick, Associate Director Quality
Sponsoring Director:	Vikki Taylor, Director of Commissioning Development
Presented by:	Caroline Trevithick, Associate Director Quality

Report supports the following corporate objective(s) 2011 – 2012:			
Handing over a good legacy	√	Deliver the six identified transitional strands of work	
Manage Providers' performance against updated health goals and identified health inequalities	√	Develop and maintain an energetic stakeholder engagement programme throughout the transition	
Deliver agreed performance targets against the six identified transformation work streams			

EXECUTIVE SUMMARY:

The following report provides information for board member on issues relating to care homes and continuing health care.

1. Quality in Care Homes

The report highlights the improved performance of those care homes in LLR that provide nursing care against the PCT's quality monitoring tool. All homes are currently assessed as providing reasonable or good care.

The new national contract for care homes providing nursing care has been implemented across LLR and homes have submitted their first set of data against key performance indicators. The quality elements of the contract will be validated using the I-Care tool between Feb – June 2012.

Joint work between the PCT, Local Authorities and Care Homes (Residential and Nursing) is underway to address the generic quality issues in care homes. This includes developing thresholds for safeguarding referrals so that the

relevant support can be provided to care homes, understanding roles and responsibilities and behaviours when working to support a failing home and improved care planning.

There are currently no safeguarding issues in any of the Castlebeck homes caring for LLR patients.

2. Quality in agencies providing domiciliary care

Quality reviews of agencies providing domiciliary care has been undertaken, this has identified key issues for which actions are in place:

- Documentation
- Policy availability
- Knowledge of the Mental Capacity Act

3. Continuing Health Care (CHC) update

Changes to the clinical leadership of the CHC team have been implemented with the aim of strengthening the clinical accountability of the team.

Board members have been monitoring the progress against backlog reviews, the current position is that there are 138 overdue reviewed, 80% (111) of these are the responsibility of the PCT. A plan is in place to address the backlog by April 2012. In light of the 18% increase in CHC patients over the past 12 months an improved system for forecasting reviews is being explored.

RECOMMENDATIONS:

The PCT Cluster Board is requested to:

NOTE the position relating to care homes, domiciliary care and CHC across LLR.

LEICESTER, LEICESTERSHIRE AND RUTLAND PCT CLUSTER BOARD MEETING

12 JANUARY 2012

Care Homes and Continuing Health Care Report

1. QUALITY IN CARE HOMES

1.1 Care Home Quality Monitoring Progress

The Quality Monitoring Manager (QMM) has now conducted a monitoring review visit in all County and City Homes providing nursing care. It should be noted that this was the first time that the PCT had undertaken monitoring in care homes and, with the absence of a national contract homes, undertook this voluntarily. Despite this all homes welcomed the support and input from the QMM.

Results

Table 1 provides information regarding progress against the I-Care Quality Monitoring tool. Homes identified as having red RAG areas have been supported with action plans and have been re-audited where necessary, all homes that have been re-audited have made improvements. The following homes have not yet been re-audited:

- Home NN had a lot of actions and improvements to implement and was visited at the end of the monitoring schedule- they will be one of the first to be visited on the contractual monitoring visits in Feb 2012
- Home AA scored a red due to renovations taking place which should be finished by the contractual monitoring visits in Feb 2012
- Home LL has been re-scored and made improvements in training, medical equipment and Safeguarding/DoLS. They previously scored a 0% on end of life, on their recent re-visit this had changed improved to 13% and they are still undergoing training in this area

The average overall scores for all Homes = 85.5% indicating they are providing reasonable care

14 (31%) or just under a third reached 90% or more, indicating that they are providing good care

31 (69%) of all Homes reached between 60-89%, indicating they are providing reasonable care.

However as previously reported, this global figure does not highlight the individual domain results, which continue to demonstrate significant variances.

1.2 Implementation of National Contract and CQUINs in Care Homes

In October 2011 the national contract for care homes was implemented across LLR homes providing nursing care. Quality indicators have been included in this based on the I-Care tool. In addition CQUIN indicators have been developed to support reduced admissions and timely assessment of patients in hospital requiring nursing care home placements.

The homes submitted their first set of data against the indicators in December 2011. The QMM and the CHC contracting team are in the process of reviewing the submitted data. It is intended that homes that meet an agreed escalation criteria will be formally audited using the I-Care tool to validate their self assessment. The criteria for this escalation are currently being agreed but will include homes that have reported poor performance and those that have made significant improvements from their baseline. Formal visits will be undertaken between February and June 2012.

1.3 Improving the quality of care in care homes

A number of projects are underway to support improvements in quality in all care homes across LLR. This is being done in conjunction with the local authorities and care homes:

- The Care Home Advisory Group, through the work of the Emergency Care Network, is identifying homes that admit a high percentage of their patients to hospital. Support is offered from the PCT and the Local Authority to understand the reason and put mechanisms in place to reduce these.
 - A Care Home Information Pack has been developed for homes including information relating to falls, nutrition and catheter care to support staff in care homes.
 - An educational network is being established to provide an opportunity to support care home staff in managing clinical conditions.
- The second Care Home summit was held in December 2011. This focussed on three areas of joint work for improving quality in care homes:
 - Safeguarding & Thresholds
 - Staff, Skills, Competencies & Behaviours
 - Care Planning & Risk Assessment

1.4 Castlebeck Homes

Board members have previously been made aware of the safeguarding issues relating to Castlebeck Homes. Previous safeguarding concerns reported to the board at Croxton Lodge have been resolved with the home and on-going care for patients in these homes continue to be picked up through the Learning Disability Teams and the Brain Injury and Complex Care team. No current safeguarding concerns have been highlighted at these homes.

Restrictions to admissions to Castlebeck Homes has been reviewed with patients being able to be admitted in exceptional circumstances.

Croxton Lodge

In September 2011 the CQC reviewed Outcome 21, requiring people's personal records, including medical records, to be accurate and kept safe and confidential. The CQC found that whilst staff are aware of the care that the people living at Croxton Lodge require but this is not reflected in the care plans and risk assessments currently held at the unit. Actions to improve the situation with documentation are being led by the contract lead, Nottingham PCT, supported by the local quality teams. The next meeting for the review of Croxton Lodge is in February 2012.

In October 2011 the CQC undertook an additional review of Croxton Lodge and assessed them against three criteria, they were found to be compliant in all of these areas:

- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 13 - Staffing

Warwick Lodge

There are currently no concerns regarding safeguarding issues at Warwick Lodge. Commissioners locally and from other PCTs have raised concerns regarding the quality of care planning within the home. The Brain Injury and Complex Care team have been working with the home to improve the quality of care plans. These improvements have now been seen.

1.5 Southern Cross Homes

In early July 2011 Southern Cross announced it is winding down as a business, after landlords decided they wanted to leave the group and set-up alternative care and support arrangements. The national process of transferring homes to new owners was expected to be completed by the company by the end of October 2011.

Within Leicestershire there were 11 care homes formally managed by Southern Cross. NHS Leicester, Leicestershire and Rutland funds placements in 8 homes. Based on regular bulletins issued by Southern Cross, all these homes successfully transferred to new providers by the end of October 2011.

2. QUALITY IN DOMICILIARY CARE

The QMM and colleagues from the Continuing Health Care (CHC) contracts team are building on the success of the Care Home monitoring exercise and have undertaken quality monitoring review visits to domiciliary care providers.

Quality monitoring commenced in October 2011 and the early visits identified that the tool was inappropriate, this has now been reviewed. This has made

comparison of results not possible, but the findings of the audits are summarised as:

- Users of the domiciliary services expressed their satisfaction with the agencies, with many positive outcomes being achieved.
- The quality of documentation and recording varied greatly according to agency. Some lacked even the most basic care plans for their service users, although staff obviously knew them and their needs well.
- General policies such as use of bed rails, prevention of falls, nutrition, prevention of pressure sores were not in place in most agencies, and risk assessments generally lacked the detail needed if situations worsened or escalated, for instance with diabetes or behaviour that challenges.
- Knowledge and use of the Mental Capacity Act also varied, with many agencies not undertaking assessments of service cognitive abilities and actions around decision making.

Work is underway with the agencies to address these issues.

At the last Cluster Board it was reported that the Equalities and Human Rights Commission (EHRC) had published an inquiry into older people and human rights in home care. The inquiry has found that although many older people receive care at home which respects and enhances their human rights, this is by no means a universal experience. It uncovered areas of real concern in the treatment of some older people. It found examples of where older people:

- were not being given adequate support to eat and drink (in particular those with dementia)
- experienced neglect due to tasks in the care package not being carried out
- were exposed to financial abuse
- suffered a disregard for their privacy and dignity
- had little attention paid to their choices about how care was delivered, and
- experienced social isolation and loneliness

The EHRC suggested that such incidents amount to human right breaches and could be avoided. It makes a series of recommendations around proper protection, better information and more effective monitoring to overcome the barriers many older people face in the way home care is delivered. These issues are covered through the current quality monitoring processes.

3. CONTINUING HELATH CARE (CHC) UPDATE

In November 2011 the management arrangements for the CHC team changed after the need for greater clinical leadership for the nursing members of the team was identified. To support the team the Associate Director of Quality took over the clinical leadership of the nursing staff and has been working to support their clinical development. The Associate Director of Non Acute

Contracting and Provider Performance continues to lead the contractual team. The following objectives have been agreed for the work with the team:

- Team are self sufficient in 6 months and are able to be moved to CBSS/CCG where appropriate
- Policy for managing complex/difficult patients in place
- Ethical forum established for complex/difficult patients
- Safe documentation systems in place
- Reduced delays in CHC decisions
- Panel Hearings are managed in a timely manner
- CHC reviews are undertaken when required and back log addressed
- Mandatory training process in place for all clinical staff
- Professional training sessions in place for all clinical staff
- Clinical staff report patient safety issues through the PCT/CCG patient safety system as appropriate

3.1 Clinical Review

The clinical team are responsible for ensuring that all new patients receive appropriate packages of care and that all existing patients are monitored every three months to ensure that their package of care is still appropriate and that there are no quality issues for them. The nurses in the team will notify the PCT of any issues relating to pressure ulcers/nutrition or safeguarding requirement where there is no safe plan in place so that this can be addressed with the care provider.

Board members are aware of the back log of reviews that the team are dealing with the current position as at 30/12/11 for these are as follows:

Patient type	Team responsibility	Number of overdue review
Complex Care/Brain Injury	Complex Care/Brain Injury team	7 (update to be provided at board meeting)
Palliative Care patients	LPT – CHS	23
Learning Disability	Joint PCT/LA	4 (update to be provided at board meeting)
Domiciliary care packages	PCT	47
Nursing Home/Mental Health Residential Home	PCT	53
Residential Home	LPT – CHS	4
		Total 138

In May 2011 there were a total of 215 overdue reviews. Work is underway with LPT – CHS to ensure that the overdue reviews that they are responsible for are actioned.

The CHC team have been working to address their back log and have had fluctuating progress; this has been hampered by vacancies and long-term

sickness. Staffing resources have been reviewed and a plan is now in place for the back log to be dealt with by April 2012.

There has been an 18% increase in the number of CHC patients in the last 12 months and the total number of CHC patients in October 2011 was 1483. The current system in place for identifying which of these patients are due for their three month review is inadequate and therefore makes forecasting difficult. This is being reviewed in conjunction with the information department.

The team are developing key performance indicators for themselves and back-log reviews are included in these.

RECOMMENDATIONS:

The PCT Cluster Board is requested to:

NOTE the position relating to care homes, domiciliary care and CHC.

Table 1

	Overall score	General wellbeing & mental health	Care Planning	Clinical effectiveness	Communication	MH & Falls	Nutrition & hydration	Elimination	Tissue viability	Medicines	End of life	Infection Control	training	Medical equipment	Safeguarding MCA DOLS	Record Keeping & reporting	CQC Rating
A	93	100	97	92	100	100	95	66	100	95		86	92	60	95	86	Excellent
B	80	82	91	82	96	73	95	72	92	88	75	79	83	64	61	86	Adequate
C	81	92	76	89	96	100	93	88	92	81	90	79	92	82	71	82	Adequate
D	94	93	100	98	100	91	98	100	100	100	100	100	100	100	81	90	good
E	88	90	91	84	100	67	83	73	83	100	95	82	100	86	86	80	good
F	88	91	94	88	100	90	93	72	88	92	95	82	75	50	86	85	Excellent
G	93	91	100	94	83	92	98	81	100	100	100	86	83	100	89	90	not rated
H	86	83	88	81	93	83	82	59	82	93	90	79	92	80	86	86	Excellent
I	88	64	94	82	100	88	94	56	92	85	95	86	75	86	82	95	good
J	74	45	70	77	93	71	75	63	80	96	95	89	83	75	58	95	good
K	88	86	84	86	100	92	98	62	100	92	78	79	83	92	92	82	good
L	90	93	91	89	100	83	91	67	100	92	94	89	100	80	92	73	good
M	91	88	88	91	100	92	84	81	92	100	95	100	100	50	96	91	good
N	89	95	94	89	100	92	94	74	96	93	90	82	70	64	90	86	good
O	90	95	88	91	100	88	92	75	100	100	94	86	100	80	93	80	good
P	90	92	91	93	92	95	96	88	100	89	100	82	90	86	85	90	good
Q	88	90	82	87	100	83	90	75	88	100	94	77	75	90	92	85	good
R	87	93	91	91	92	92	94	92	95	92	95	79	100	86	73	95	good
S	83	91	74	90	92	95	90	66	96	100	100	80	60	100	89	75	Excellent
T	91	91	100	91	86	81	91	91	91	100	95	88	75	93	85	95	good
U	68	67	72	77	93	83	82	61	90	83	80	69	83	71	46	65	good
V	80	93	75	82	93	92	92	66	83	73	95	64	67	88	79	77	Adequate
W	87	89	85	89	100	100	92	73	100	75	90	88	100	100	77	86	Excellent
X	83	60	91	85	75	92	96	90	100	96	61	82	75	100	77	80	Adequate
Y	91	91	88	95	92	92	98	88	100	100	100	93	90	64	95	95	good
Z	86	97	94	87	100	73	85	69	96	92	95	86	92	80	77	75	good
AA	76	61	76	75	71	73	72	59	71	88	80	96	75	43	81	90	good
BB	75	71	76	67	80	54	73	53	59	75	75	79	80	57	82	68	good
CC	89	96	100	93	92	95	98	93	91	88	95	85	100	86	72	91	good
DD	93	95	91	93	100	96	98	92	100	88	89	88	92	90	96	82	good
EE	93	100	94	95	93	85	93	85	100	100	100	92	92	79	100	75	Excellent
FF	86	84	94	88	100	95	93	91	100	88	75	81	92	80	73	85	Adequate
GG	83	81	78	81	67	69	80	76	95	83	80	85	100	93	89	90	good
HH	81	88	82	77	75	73	75	71	90	92	80	81	92	80	85	85	good
II	90	94	97	90	100	85	77	85	77	100	95	88	100	60	85	85	not rated
JJ	87	86	94	86	100	92	83	84	95	100	61	88	75	66	81	95	good
KK	88	92	93	84	100	65	84	73	96	92	83	88	100	75	83	90	Excellent
LL	63	73	80	62	88	65	70	63	75	80	0	71	42	40	42	80	good

MM	90	95	94	90	100	93	83	88	85	100	93	88	90	79	85	90	not rated
NN	66	63	66	66	92	67	67	65	56	88	61	62	50	30	59	90	good
OO	84	82	84	80	100	90	83	73	88	88	70	69	75	80	85	85	Adequate
PP	70	58	70	74	58	83	71	59	67	88	80	85	67	50	71	82	good
QQ	86	76	84	84	80	92	92	75	86	79	94	77	83	75	92	90	Adequate
RR	84	59	80	76	92	77	85	71	92	71	61	88	100	83	88	94	not rated
SS	90	86	97	85	100	75	69	75	92	100		100	80	86	89	85	not rated

Below 50%	Meaning Poor Care and immediate action
50-89%	Meaning Reasonable Care and 12 week time frame for action
90% or above	Good Care share this practice