

Quality In Care Homes Annual Report August 2011

1. Introduction

The purpose of this paper is to provide an update on the role of NHS Sheffield in the quality assurance of care homes from September 2010 to March 2011. From October 2010 all independent and adult health care and social services were required to register with the CQC and demonstrate that they meet the essential quality standards. This constitutes a radical change and provides a more comprehensive system of regulation for quality than previously. In October all independent care homes within Sheffield were registered without any conditions and the CQC will undertake home inspections in the future.

2. External Regulators and Agencies

Care Quality Commission (CQC)

Strong local links have been developed with CQC within the region and NHS Sheffield has worked jointly with the CQC in a pilot review process in October 2010, focusing on the provision of Healthcare in Care Homes. Results were detailed in a separate report and reported to the assurance committee and board. The CQC have taken the learning from this and to amend the format of future reviews.

LINKs / Healthwatch

NHS Sheffield has actively engaged with LINKs during 2010. The LINKs have provided a focus on care homes and the dignity challenge this year and established an action group. Representatives from the Quality team and Continuing Health Care are members of the group.

Local Authority

We have effective collaborative working relationships between the Local Authority (LA) and the Care Home Support team. There is now joint monitoring of care homes with the LA contracting team and NHS Sheffield's Quality Manager.

Care Home Support Team

This team is now based within the LA and provides in house training and support within older persons care homes to provide identified educational needs. The support team provides intelligence to NHS Sheffield and visa versa to target training programmers.

NHS Sheffield Internal Working

Closer team working is now established with the Quality and Continuing Health Care (CHC) teams. CHC lead on the monitoring of individual patient placements and the identification of quality concerns within homes. The Quality Team has led on reviewing

the quality of care alongside the LA contractual compliance, with a focus on compliance with the CQC 16 essential standards – and specifically safeguarding and infection control issues.

3. Care Homes in Sheffield

Currently there are 116 registered care homes within Sheffield.

Nursing	11
Residential	29
Learning Difficulties	24
Dual/Dementia	13
Dual – Nursing /residential	5
Dual/EMI	1
Nursing/Dementia	14
Residential/Dementia	17
Resource Centre's	2

The CQC ratings throughout Sheffield for care homes

Excellent	24
Good	79
Adequate	8
Not Known	5

4. The Quality Performance Monitoring Process

This year performance monitoring has been essentially reactive. Where concerns have been identified, joint visits have taken place with the LA and where appropriate from CHC. Visits have been followed up with a report to the home, and a remedial action plan. The plans are monitored and overseen at the LA Key Performance Indicator (KPI) group.

- Since November, a joint quality performance assessment framework was utilised for the reviews based on CQC outcomes and enables focused recommendations and action planning for care homes
- The Quality Manager and a CHC Team Leader attend fortnightly (KPI) meetings, facilitated by the LA. From these meetings a method of investigation and response is formulated and agreed.
- Within NHSS, a group is now established which meets alternative weeks to share intelligence on care home performance and agree future actions – chaired by the Head of Quality. The agenda includes a review of the performance using the 'live' data base is attended by Lead nurses from CHC, Head of Quality, Quality Manager and Head of Professional Standards. Safeguarding, infection control and general issues of quality are discussed.

- A safeguarding lead has been identified within CHC and a monthly meeting takes place internally between the lead, the Quality Manager for NHSS and Head of Professional Standards, to discuss cases and report to the Commissioning Safeguarding Adults Group.
- CHC have been included in the process for receiving safety alerts that are relevant to them as commissioners, and as nurses. A nominated officer has been identified within the team.
- A process for CHC to report SI's in relation to the quality of health care has now been agreed and included in NHS Sheffield's SI procedure for SI management.
- Monthly meetings take place with the Head of Quality, the LA and the Regional CQC inspector. These meetings enable intelligence sharing and discussion of performance management of care homes.
- From April.2011, as part of the contractual process for care homes, a contract has been agreed for CHC placements based on the national community contract and includes a quality schedule and two incentive schemes (CQUIN's).

5. Care Home Quality Self Assessment

Prior to the agreement of the joint quality monitoring framework, and shortly after cares had registered with the CQC, a care home self assessment questionnaire was distributed to all Sheffield care homes consisting of 18 high level questions based on the CQC essential standards.

Results

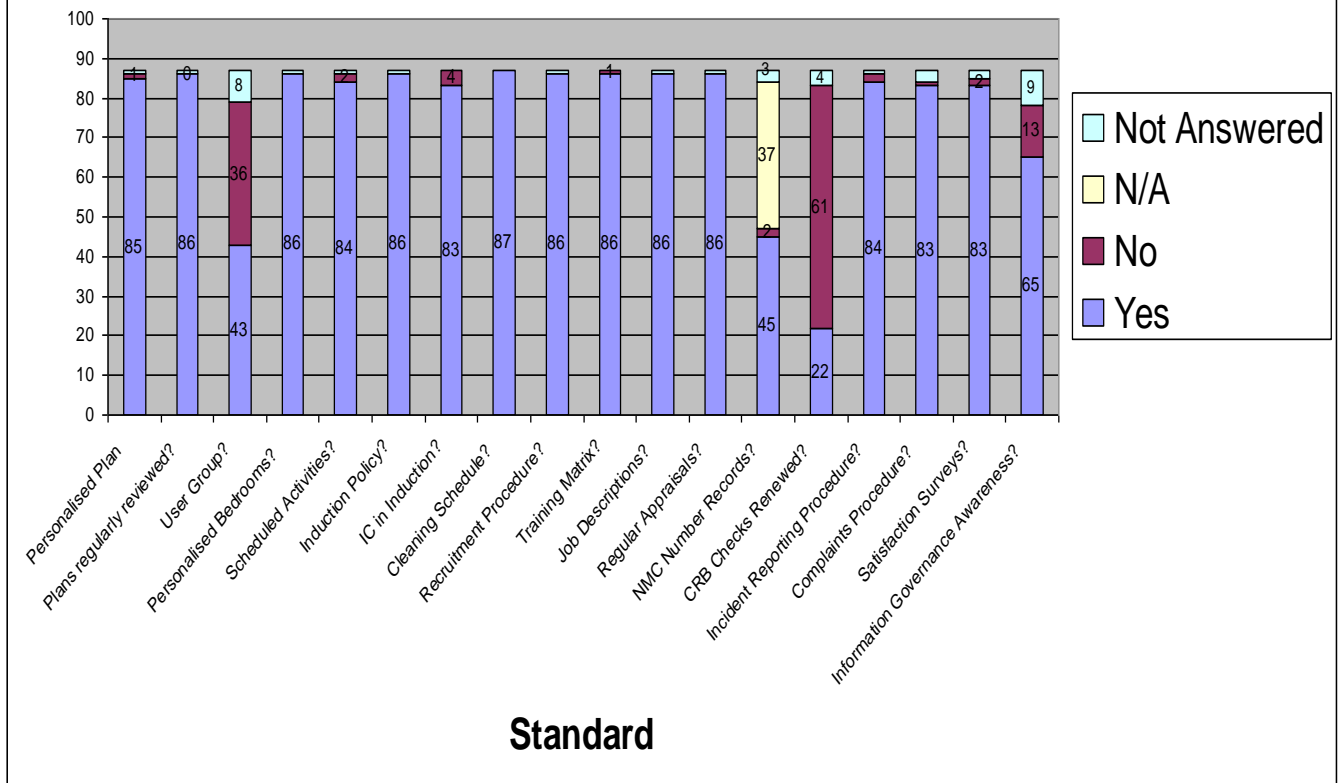
Questionnaires were sent out to 94 care homes in November 2010, excluding Learning Disability homes due to the complex nature of these homes. There response rate was 87 (92%) which was an excellent response.

The table below identifies the overall RAG rating applied to each of the 87 homes that participated following self assessment.

Number of homes	RAG Rating	Percentage
73	Green	84%
12	Amber	14%
2	Red	2%

Table 1 The table below shows the results of the assessments.

Care Homes Self Assessment



Generally self assessment of compliance was good however there were 2 main areas of concern:

- CRB checks being carried out, with 70% of respondents not being able to identify a robust recruitment and CRB checking process.
- 41% do not have a representative user group.

The results from these self assessments have helped to devise the joint Quality Framework used for proactive visits in 2011/12 and provided baseline information. As a result of this assessment, CRB checks are routinely reviewed during quality visits. Having a user group is a new regulatory standard and the LA are working with care homes to support this development.

6. Activity

Since September 2010 until the end of March 2010 a total of **71** visits in **21** homes have taken place. The visits were generated via concerns raised from a variety of sources. The table below highlights describes the rationale for the visits.

Routine visit with City Council	0
From Key Performance Indicator Meetings	12
Concerns from CHC	3
Concern from HCP	1
Outbreak of MRSA	2
Other	3

Since September 2010 until March 2010, there has been **1** voluntary and **4** imposed suspension of placements in care homes.

Where a visit has taken place and concerns have been found, action plans are agreed with the home which is monitored through follow up visits, the frequency determined by the nature of the concern. Where appropriate, support from infection control and waste management staff has been provided.

7. Work in Progress for 2011/12

- There has been a strategic action plan in place for quality assurance of care homes, since Autumn 2010, and this is now completed, with an plan for 11/12 current being developed and presented to the Assurance Committee in November 2011
- Proactive quality monitoring is planned for 2011/12 with the LA which will consist of a rolling programme of care visits. This will include Learning Disabilities care homes.
- A joint process between SCC and NHSS on how to implement and manage embargoes / suspensions is being developed.
- Review the SI process with the LA and NHSS to agree criteria for reporting and information sharing
- Medicines Management team is planning to monitoring standards for medicines and controlled drugs.
- CQUIN performance monitoring will commence
- Develop dashboards for care homes report quarterly to the Assurance committee.

9. Infection Prevention and Control within Care homes.

A survey was undertaken by NHS Sheffield and reported in September 2010 in preparation for CQC registration. A separate report and action plan has been presented to the committee. As a result of this work, a working group was set up between NHSS and SCC (care home support team). The purpose of the group is to advise and support the care home support team on infection control good practice, where a concern has been raised in a home – to report actions following any visits to homes

- A care homes link worker group has been established in March 2011, on a 3 monthly basis. These have been well received and attended and focussed on C Diff management.
- To aid the transition process, a network has been established across the cluster area with other commissioning Infection control practioners to look at standardised requirements and information for care homes.

- Guidance is due to be produced by the DH in July 2011 on standard infection control requirements for care homes. Once this guidance has been released work will focus around the guidance.

10. Conclusion

NHS Sheffield has developed an effective, robust and collaborative quality assurance process jointly with the LA, to drive up quality standards within care homes which have enabled poor practice to be identified and managed. NHS Sheffield has provided increased Quality Manager resources to work with the LA an effectively improve the intelligence of quality information and support improvements to practice.

We have identified and targeted care homes in Sheffield where poor performance has been identified and put in place systems for performance management. Significant support has been provided from an infection control, safeguarding, waste management and medicines management perspective.

An action plan is now been developed that will outline our approach for proactive monitoring for 2011/12

11. Recommendations

The assurance Committee is asked to note the assurance processes put in place for improving the quality of care within care homes.

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**On behalf of Penny Brooks
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