

IMPROVING THE QUALITY OF OLDER PEOPLE'S CARE HOMES – REPORT OF MEMBER/OFFICER WORKING GROUP

1. This report contains the findings and recommendations of the member/officer short life working group which met to review the quality of Older People's Care Homes and consider proposals for improvements where required.

2. Background

A paper presented to Social Work and Housing Committee on June 5th 2014 provided an overview on the quality of Care Homes in the Borders for Older People. The report included a summary of the Care Inspectorate grades at the time the report was written. It was acknowledged that there were areas of good practice; however some concerns were raised about a number of re-occurring themes and issues, including quality of environment, management and leadership. It was recognised that effective processes were in place to monitor, advise and support homes should difficulties be identified. Elected members were keen to explore more pro-active approaches to maintain and improve quality, and proposed a short life member/officer working group to be set up for research evidence of best practice and consider proposals for improvement.

3. Role and Remits of member/officer working group

The working group comprised of 3 elected members, lead officers and a representative from Scottish Care and the role and remit is set out in appendix A.

The group met on 5 separate occasions and considered a range of topic areas including benchmarking data, contractual relationships, future models and and workforce issues including the role of nurses, alternative models and support/training available for Care Homes. A brief summary of the evidence is provided below in the report along with key findings and recommendations.

4. Benchmarking of data/quality/future needs

As at December 2014 a wide range of services were available to address the long term health, support and social care needs of older people in the Scottish Borders. These principal resources include:-

- | | |
|--|------------|
| • NHS continuing care | 75 places |
| • Care Home | 629 places |
| • Direct Payments/SDS | 57 places |
| • Intensive Homecare (10+ hrs) | 223 places |
| • Extra Care Housing/Housing with Care | 129 places |

The group considered a range of performance and bench marking data and some of the key points are highlighted below.

The number of residents in Care Home settings is slightly below the Scottish average.

Figure 1

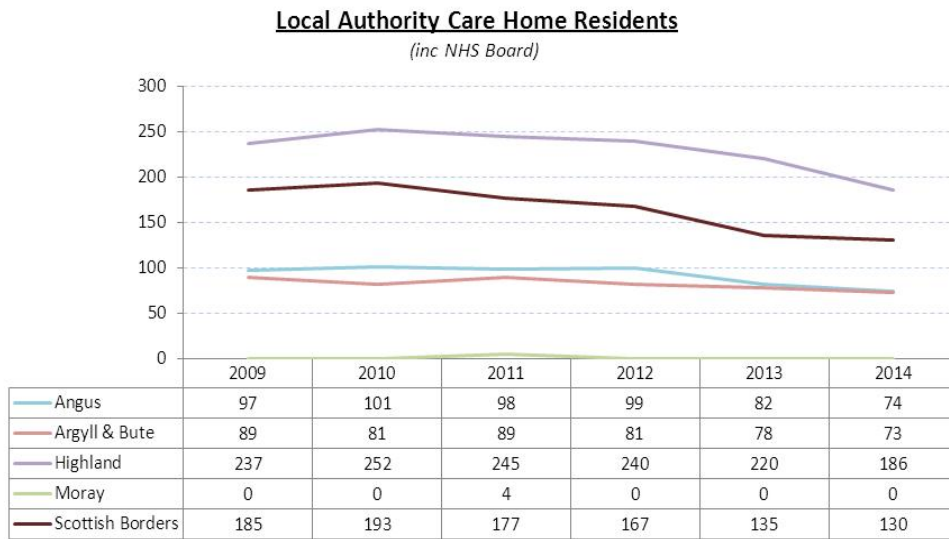


Figure 2

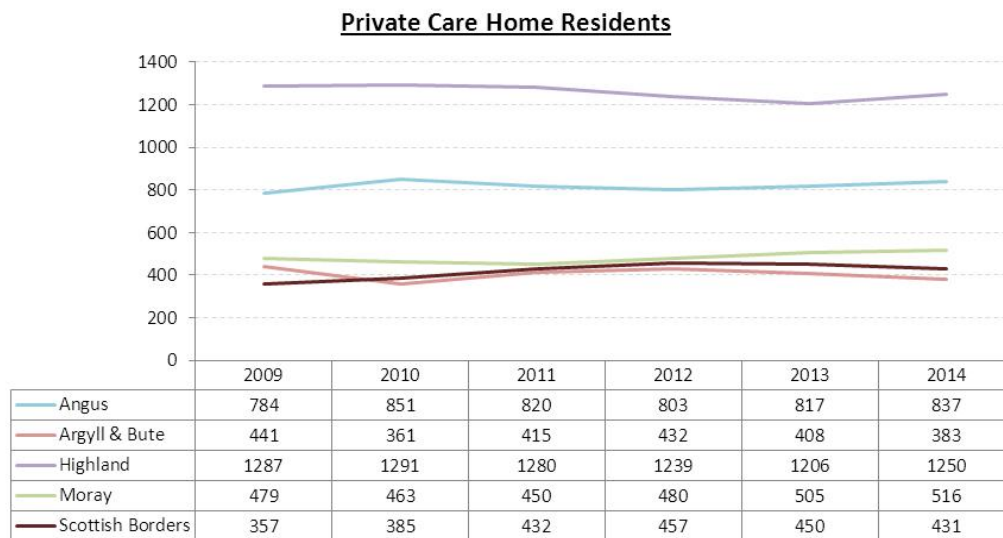
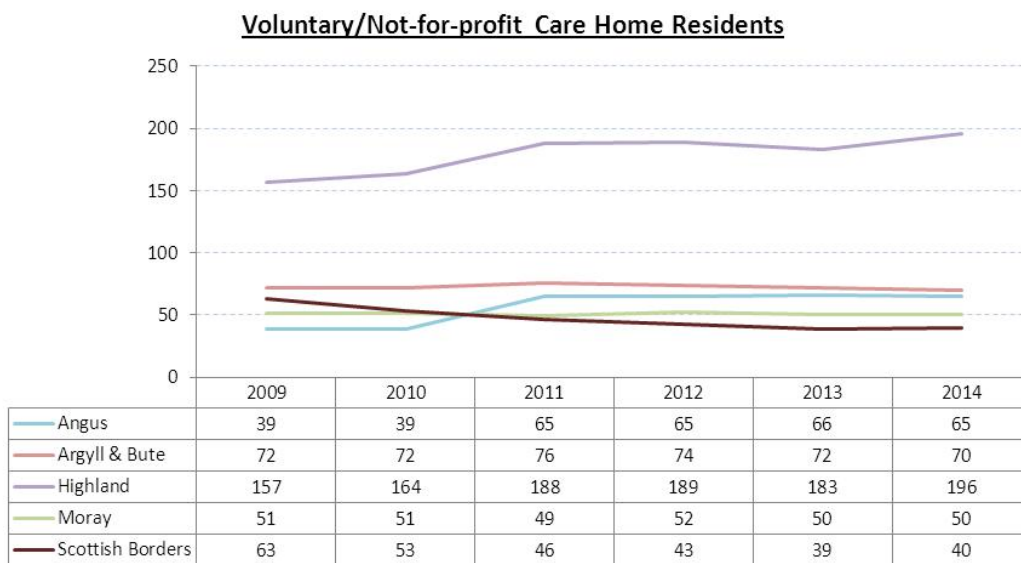


Figure 3



Figs 1, 2 and 3

As can be seen above the majority of residents live in Care Homes provided by the private sector.

Figure 4

Length of stay (years)

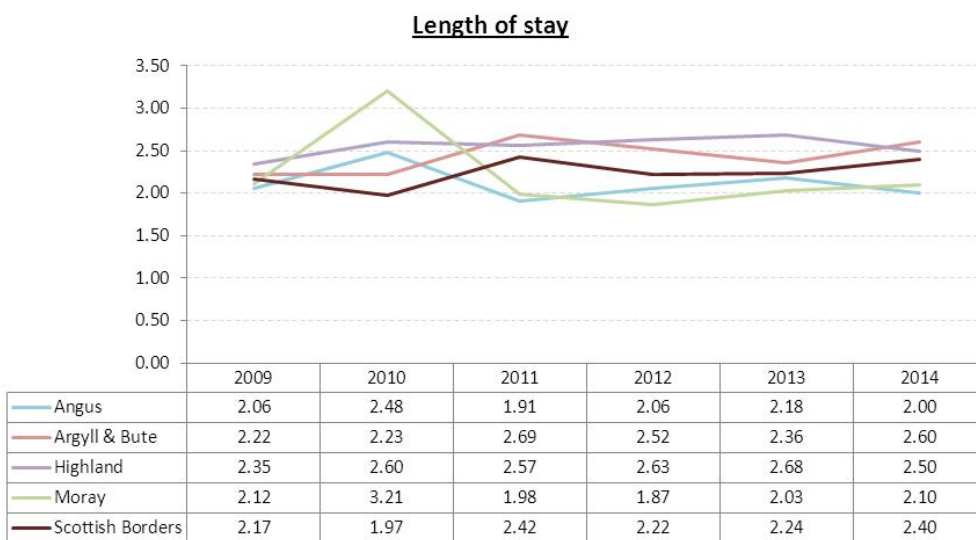


Figure 4 - Residents live an average 2.4 years in Care Home settings. This figure has increased slightly over the past 3 years.

Figure 5

Registered places per 1,000 population aged 65+

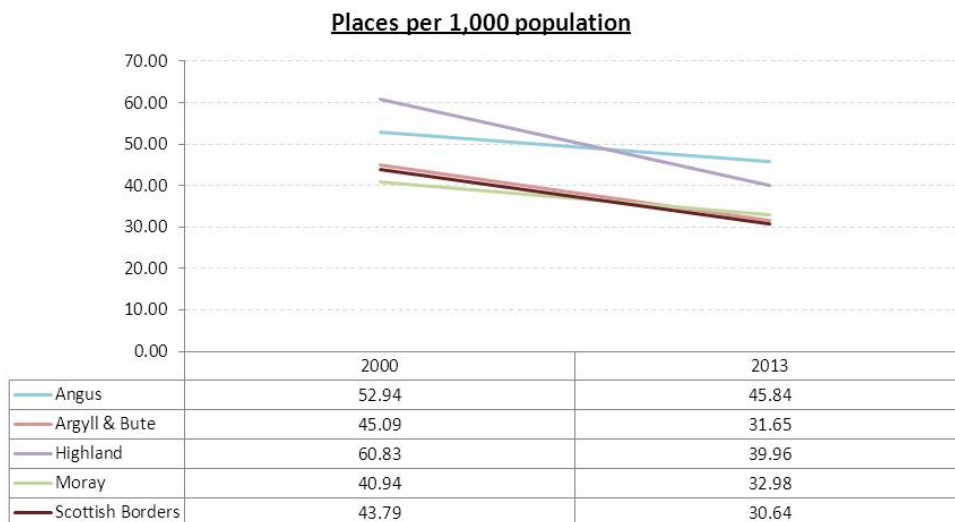


Figure 5 – In line with other benchmarked Authorities the number of registered places has reduced. Alternative housing provision continues to be developed (see Figure 6).

Figure 6

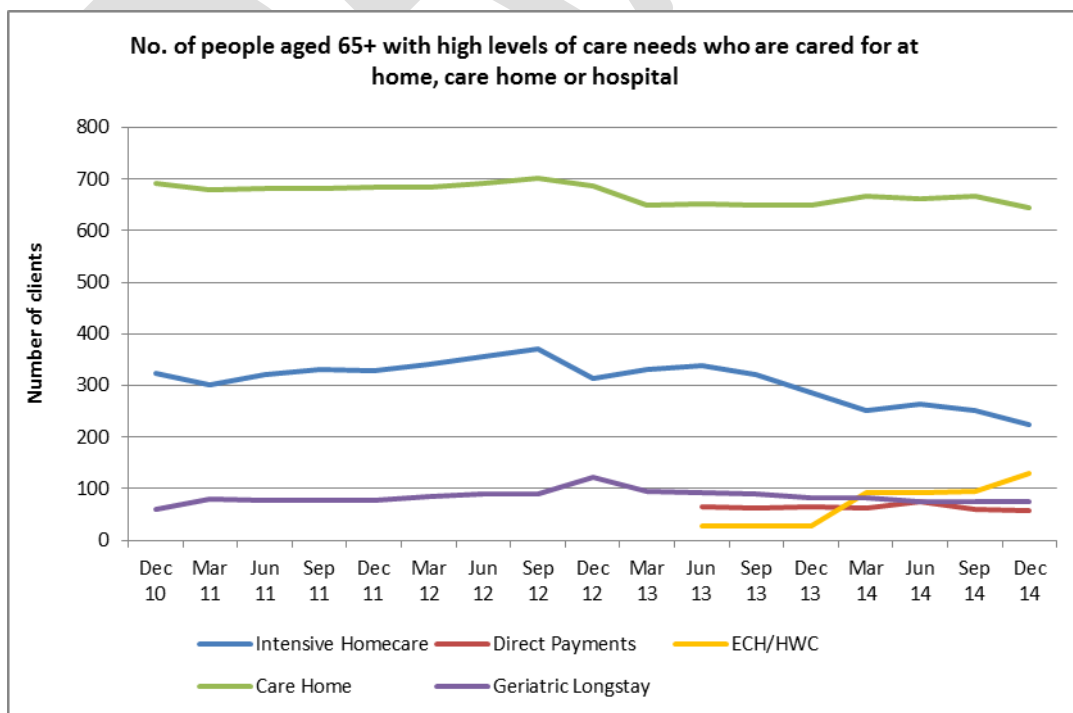
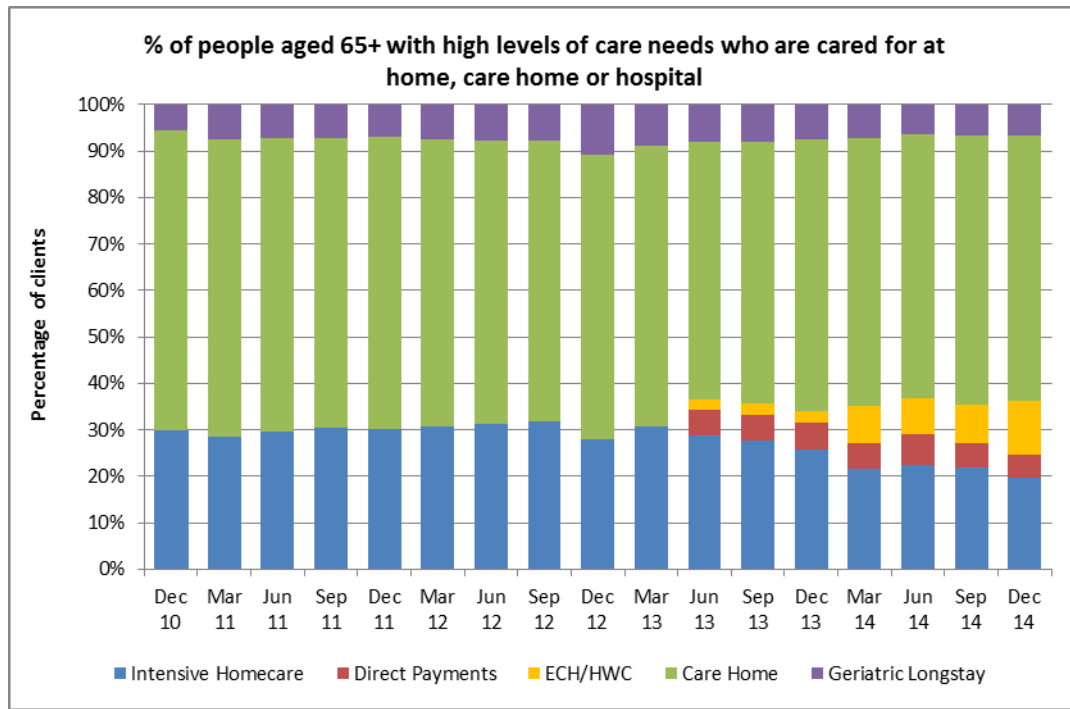


Figure 7



Figures 6 and 7 represent the number of people 65+ receiving 10 hours or more who are cared for at home, receive Extra Care Housing (ECH)/Housing with Care (HwC, in a care home or geriatric long stay hospital care. The number of older people receiving both care home accommodation and home care (10+ hours) dropped during 2013 and this trend has continued up until December 2014 when record lows were recorded for both forms of provision. At the same time the introduction of direct payments (and now SDS) has remained constant. The most marked increase during 2013-14 has been the rise of both ECH and HwC which may explain the corresponding decrease in care home and home provision.

In terms of future planning Intermediate Care placements are likely to have an impact upon long stay numbers but estimating what this will be is not presently feasible. Over time, the impact should be to reduce unnecessary hospital and Care Home admissions and re-admissions along with delayed discharges, thereby supporting other moves to increase the number of people who are cared for in their own home or domestic living environment.

The Councils stated objective is to shift its balance of care by reducing the proportion of institutional care packages and increasing the proportion of home care packages and ECH/HwC places.

It is assumed that the need for nursing care for the most vulnerable older people will continue undiminished and therefore the number of these places is seen as likely to increase in line with

demographic change. It is anticipated that the present residential care places will be delivered differently with a continuing proportion of people receiving ECH/HwC packages.

For planning purposes it has therefore been assumed that the likely future demand for ECH/HwC is related to the number of potential future residents falling within the middle to higher bands of assessed residential care needs. Currently this amounts to 182.

Therefore for future capacity planning purposes it is assumed that at 2018 there will be a requirement for ECH/HwC places of 192 and 545 Care Home places. For 2022 this rises to 202 and 573 respectively.

5. Training/Support

Detailed below is a summary of training/support currently offered to all Care Homes including the Independent Sector.

Ensuring Rights & Preventing Harm in Care Home Settings:

Joint NHS and Council training is being delivered, free of charge, to all Care Homes within the Scottish Borders over an 18 month period – between 29/10/2014 and 27/04/2016 - The focus includes: the National Care Standards; Being Informed about Dementia; Adult Support & Protection Act & responsibilities.

Early Indicators of Concern (EIC) training roll out

This tool, initially developed by the University of Hull through evidence based practice, further adapted by Dundee City Council, provides a framework whereby practitioners from (theoretically any agency) can organise their assessment of a care regime, and, where concerns are identified, it provides a structured method to feedback these concerns to the relevant agency, arm of the service. The six concern headings cover: Management and Leadership; staff skills, knowledge and practice; residents' behaviour and wellbeing; the service resisting the involvement of external agencies; the way a service is planned and delivered; about the quality of basic care and the environment. This approach allows practitioners at all levels to develop confidence in processing information, and facilitates the collective and consistent sharing of information that can then enable meaningful analysis and action.

Regular Care Home Workshops/Seminars for Managers/Proprietors are ongoing which are well attended and offer an opportunity to discuss strategic developments and practice issues.

Best Practice Network – As a key forum for cascading, exchanging and debating best practice it is potentially a key vehicle to develop progressive practice and promote quality service while reducing obsolete practices. As regular representation by home staff maximises the benefit of this forum, it is the intention for the Department to negotiate the requirement for attendance into the Contract.

There are also a number of Council Corporate Training initiatives that impact on the Care Home sector:

- In conjunction with Borders Care Learning Network a training audit within the Independent Care Home sector is being carried out at the present time and will be reporting back to the Network in the near future.
- Training on informed practice around Dementia Care is being offered to both Council and Independent sector staff.
- A training audit for Council employed Care Home staff is being implemented.

E-Learning is also an increasingly important training resource through LearnPro which is overseen by NHS Borders. There is a possibility of further developing a Learning Portal approach which could be accessed by all Care Home Sector staff.

Moving & Handling training is delivered by NHS Borders. Whilst the Council principally uses this resource, there could be opportunities to widen this so as to be accessible to all Care Home Sector staff.

There could be a comparable development in recruitment initiatives as there are in Home Care recruitment, whereby recruitment drives look to target schools/colleges and through Job Development Scotland. This could further underline the career opportunities available within the Care Home Sector.

A visit to Care Homes resulted in staff expressing further interest in catheter care and medication and this will be explored.

Recommendation:

- 1. The CCRT to introduce the Early Indicators of Concern Tool to practitioners and to provide training and support in its use.**
- 2. Best Practice Network meetings to be maintained, with attendance part of any contractual agreement between SBC and the service provider.**
- 3. Explore joint recruitment initiatives for the sector.**
- 4. Explore further e-learning approaches.**
- 5. Further explore the use of “My Home Life”.**
- 6. Improve training/support available regarding catheter care and medication.**

6. Role of nurses, nursing support and social care support

Following the findings of several large scale investigations with a number of Care Homes across the Borders there is evidence to suggest that some nurses in Care Homes struggle to maintain their skills, level of competence and professionalism. A number of networking sessions also provided evidence of this as well as providing support. Additionally the managers of nursing homes in the Borders who are also Registered Nurses have expressed their concerns about maintaining competency and skills, for themselves and their nurses.

We are also aware that there is at times confusion between the roles of managers and nurses and many of the managers feel isolated alongside the nurses. Nurses do not feel they are able to challenge care staff or provide direction when appropriate to do so. They are usually working alone with little, or no peer support. Many nurses are treated ‘as an extra pair of hands’ or ‘care worker’ and as such do not have the opportunity use the skills of their profession. Further the level of nursing need that residents in Care Homes require can be very limited. Whilst residents in Care Homes have high dependencies of need, this does not necessarily equate to a nursing need where nurses are needed 24 hours per day. The number of nurses required per shift is still interpreted through legislation however not necessarily correctly.

Action

One potential option which has been discussed and supported by the Managers of Care Homes, is that nurse role becomes a dedicated clinical role and oversees, supervises and directs the care. If the role were to be developed into a more specialist role it is likely that the number of nurses required in the Care Home could be reduced. Some Homes may review the need for a nurse on night duty depending on the client group and risks presented, both health and mental health.

Support for managers is key to ensuring improved quality and stability. Networking sessions have been welcomed. A CPD/ networking session was held in December and those who attended provided positive feedback.

Action

To develop two monthly programs for networking/ learning events for nurses in Care Homes. Suggestion that these are only 3 hours.

Action re planned programme of visits:

A planned programme of visits to the Care home with the Group Manager, Community Nurse and members of the CCRT is to be implemented. The aim of these visits will be to work with the managers of the care home in regard to issues around areas for training, development and quality. These visits will gather data on the training that has been delivered over a quarterly period, staff turnover and absence. The visiting team will act as a supportive role and pick up any issues being experienced by the manager and support them to manage this where appropriate. This will form part of the quality assurance protocol.

Development of the Health and Social Care Support Worker

Consideration is being given to developing the above role to support the increased dependency of residents in care homes where there is no nursing and also to support any changes in the number of nurses on duty in care homes, for instance where a care home decided to remove nurses from night duty to on call. The role would be similar to the Health Care Support Worker role in the hospitals and the worker would be required to undertake SVQ modules that are related to aspects of health care. The delegation of responsibilities would need to be adhered to and nurses in care home or community nurses would be required to assess competency. The rationale for creating this role would be to increased job satisfaction, promote skills and learning, and create some form of career progression within care homes.

Recommendation

- 7. To consider a test of change with a Care Home and the role of the nurse**
- 8. A planned program of networking/ learning events to be devised and publicised**
- 9. A planned program of visits to the Care Homes with the Group Manager and Community Nurse Manager to support Managers.**
- 10. To scope a model for use of Health Care Assistants in Care Home settings.**

7. Role of Community Care Reviewing Team (CCRT) /Adult support and protection

The CCRT regularly monitor a number of Key Performance Indicators (KPI's) that inform an accountable decision making and risk based management approach. This process is closely linked into information and Key Performance Indicator's the Contracts Section collects and monitors.

Examples of Key Performance Indicator's are: Vacancy levels; Care Inspectorate Gradings; Care Inspectorate enforcement procedures; Formal Complaints records; CCRT review findings/ feedback; Adult Protection concerns/ Council Officer investigations; Change of Manager; Material Breaches of Contract; Financial Viability.

The CCRT, in conjunction with Locality Teams/ Adult Protection Unit and staff from partner statutory agencies, play a key role in investigating, advising, action planning and monitoring aspects linked to Adult Protection concerns in all Care Homes for Older People in the Scottish Borders.

Recommendation:

- 11.To introduce the Early Indicator of Concern (EIC) tool. This can be used to facilitate the structured sharing of information and reporting concerns. The EIC tool would be made available for use by practitioners both within the Council and its partner agencies.**

8. Current quality assurance arrangements and monitoring

The CCRT, closely linking in with the Contracts Section, oversee a number of monitoring functions. These vary from regular collection of data to inform our assessment of Key Performance Indicator's, to subject specific monitoring around poor performance or Adult Protection/ Care Inspectorate initiated concerns. Such as:

- Quality/ Risk Assessment Log - monthly
- Individual Care Home Risk assessment – when a Home is 'red flagged'
- Care Home Adult Protection Log - quarterly
- Care Home Accountable Decision Making Protocol – usually linked to specific issues around Adult Protection Large Scale Inquiries.

The CCRT also seek to enhance the quality of Care Home services wherever possible. This is done through feedback on the Team's core business of carrying out reviews for individual residents, as well as amalgamating the Action Points from these reviews. The CCRT also seek to disseminate best practice either from direct observation, or from research/ profession-based articles. The Team therefore distributes relevant information on training initiatives, best practice and topic specific subjects such as Dementia Care.

Recommendation:

- 12. For the CCRT to maintain its central role around offering a review service, and to further develop its role around disseminating best/ evidence based good practice to the Care Home sector within Scottish Borders.**
- 13. In conjunction with the Contractual Arrangements – to feed into the periodic publication of certain KPI's, so as to develop a comparative format to aid prospective client decision on Care Home choice.**

9. Contractual Arrangements

Currently the Care Home service levels are managed under a nationally negotiated Care Home contract; primarily negotiated between Scottish Care and COSLA, on behalf of authorities. In summary this has the benefits of national consistency and efficiencies in administration for all parties. The key disadvantage is it has limited flexibility for customisation to suit local circumstances with the setting of national rates having arguments for and against.

The Contracts section monitor a number of key performance indicators that inform the risk based management approach as outlined in the previous section. However when services are performing poorly there are a number of contractual levers that can be deployed. These are primarily financial i.e. withdrawal of the quality premium related to failures in care and support as evidenced by the Care Inspectorate, or moving to a default rate when certain types of material breaches have not been rectified. Financial sanctions have the catch 22 management challenge of needing consistency in deployment, but can potentially exacerbate certain situations. In addition the contract enables a moratorium on placements to be invoked for services where the Council's duty of Care is compromised, or the contract can be terminated on certain grounds including serious performance deficits. Although some such levers have been deployed, the threat of such levers has also been used to promote efficient compliance with a Providers remedial action plans. On balance our experience of utilising or considering remedial sanctions has had a positive effect on service improvements. In addition, a positive performance incentive, for high regulatory grades as evidenced by the Care Inspectorate does enable Providers to attain a further quality premium.

Since being implemented the benefits of a national agreement have been reviewed both nationally and locally and there has been discussion about providing more local flexibility within the national contract. This could include diversification of the Care Home model eg facilitation of intermediate and short term break beds. Going forward therefore COSLA are having continuing discussions to negotiate a national agreement albeit with it working towards levels of local flexibility.

Against this backdrop the question is what contractual initiatives can be considered going forward to aid the promotion and maintenance of quality services?

Recommendation:

- 14. Review the process for the deployment and notification to Providers of potential deployment of remedial sanctions, ideally resulting in early preventative action being taken.**
- 15. To consider the development of a local customised National Care Home Contract. The prime benefits from a Providers perspective will primarily be funding incentives and opportunities to diversify.**
- 16. To consider the periodic publication of key performance indicators on a comparative format to aid prospective client decision on Care Home choice. This will require external Provider consultation but does not require their agreement.**
- 17. To introduce a local good practice accreditation award for Care Homes across the sector and annual awards ceremony.**

10. Visits to Care Homes

Organised visits were arranged for Councillors Renton, Bhatia, Torrance and Archibald to nine Care Homes for Older People during the life of the Working Group. The chosen Care Homes represented a spectrum of independent sector (including one 'not for profit' business) and Council run Homes (SB Cares from 1st April 2015). Whilst the visits only provided a 'snapshot' of the varying care environments a number of issues/ aspects were highlighted:

- The provision of a fit for purpose physical care environment is vital as a foundation for good quality care for Older People who are very physically and/or mentally frail.
- It was also noted that the ongoing refurbishment and maintenance of the fabric and décor of the physical environment was paramount in providing a fit for purpose service that afforded respect and dignity to all the stakeholders.
- A dedicated and appropriately trained staff team are essential.
- The attention to detail around maintaining dignity and respect for Older People should be the responsibility of all the staff team.
- The quality and continuity of the management of the service is paramount to maintaining and developing appropriate and fit for purpose services for Older People in 24 hour care settings.
- Proactive and regularly assessed continence management is a primary aspect of dignified care, both for the individual and the overall resident group, and is vital in maintaining a quality living environment that is odour free.
- The opportunity for more use of volunteers was noted during the course of the visits, with a possible emphasis being on increased social stimulation and social support.

11. Use of Care Homes (LA)/alternative models

The working group considered progress with the redesign of Local Authority Care Homes agreed through the Transforming Older Peoples Services programme. Over the last three years there

have been updates to three of the Councils five Care Homes to provide a facility for intermediate care/short term care. In addition one Care Home in Peebles has been replaced by an Extra Care Housing Development (Dovecot Court).

It was noted that whilst there has been good use of Intermediate Care beds all homes have not been used to capacity.

Waverley Care Home – Waverley requires full refurbishment and will reduce to 16 beds instead of the 21 identified in TOPS. There is a future opportunity to further centralise the specialist Intermediate Care when redesigned. However this may not be preferable for some families as it moves away from a locality approach. However this would support better use of AHP resource but may have implications for staff numbers/skills.

In addition it has been noted that in some areas we do not have adequate long term beds to meet more specialist demand and there continues to be a lack of quality specialist dementia care facilities in the Borders. To address this, an additional 27 specialist dementia beds are to be commissioned through the Independent Sector along with additional Local Authority places. Consideration needs to be given to whether long stay beds will still be required at Waverley in the future and refurbishment plans would need to be developed to make the rooms fit for purpose and capital funding sought. If full refurbishment was undertaken this would provide either 8 or 10 beds depending on what Care Inspectorate environmental standards are applied.

The working group reviewed the TOPS recommendations for SBC Care Homes and proposed some changes to the use of local authority care houses as detailed below.

Recommendation:

18. **Re -consider the number of intermediate flexible beds and rename these as short stay beds in line with Care Inspectorate Guidance. These beds will be used to support people with re-ablement for assessment as a step up step down approach and Short Breaks (Respite).**
19. **Grove will continue to deliver 11 long stay beds and 11 short stay beds.**
20. **Waverley will deliver 16 short stay beds. Consideration needs to be given to future provision of long stay beds as above.**
21. **Deanfield to remain as a Care Home for long term care with 35 beds – with a plan to develop specialist dementia care beds rather than the planned intermediate care beds as per TOPS programme. The dementia specific beds can be located in the lower floor (14) beds. Total number of beds will remain at 35 with no short term/respice provision.**
22. **St Ronan's to retain 7 short stay beds which are currently used for respice with flexibility to use some of these beds for re-ablement and assessment. The remainder of the beds converted back to long stay beds with 7 of the dementia beds being considered for specialist dementia care.**
23. **Saltgreens to continue to provide 7 dementia beds with a view to becoming specialist dementia care. Retain a further 24 beds as long stay and deliver 7 short stay beds to be used flexibly and to include 2 designated respice.**
24. **Short stay beds across the Care Homes will total 41 and will need to be used flexibly.**
25. **It is acknowledged that it will be important to supplement support in Care Homes through alternative housing models such as the future development of Extra Care Housing & Housing with Care and intensive home care in line with the TOPS proposal and this is progressed.**

It is acknowledged that the views of service users and cares have not been directly sought during this review and therefore further work will be undertaken to seek further feedback across the sector.

12. Summary/Recommendations

This report highlights the key areas considered by the Member/Officer working group to improve the quality of Care Homes for older people. The areas discussed included benchmarking/performance data/training and support/the role of staff in Care Homes/Contractual arrangements and monitoring of quality of future use of Care Homes and alternative models. The following recommendations are made for the Officer/Member Working Group to consider:

- 1. To improve training and support to staff across the Local Authority and in care settings:**
 - a) The CCRT to introduce the Early Indicators of Concern tool to practitioners and to provide training and support in its use.
 - b) Best Practice Network meetings to be maintained with attendance part of any contractual agreement between SBC and the service provider.
 - c) Explore joint recruitment initiatives for the sector.
 - d) Explore further e-learning approaches.
 - e) Further explore the use of "My Home Life".
 - f) Improve training/support available regarding catheter care and medication.
 - g) To consider a test of change in a Care Home regarding role of the nurse.
 - h) A planned program of networking/learning events to be devised and publicised.
 - i) A planned program of visits to the Care Homes with the Group Manager and Community Nurse Manager to support Managers.
 - j) To scope a model for use of Health Care Assistants in Care Home settings.
 - k) To introduce the Early Indicator of Concern (EIC) tool. This can be used to facilitate the structured sharing of information and reporting concerns. The EIC tool would be made available for use by practitioners both within the Council and its partner agencies.
 - l) For the CCRT to maintain its central role around offering a review service, and to further develop its role around disseminating best/evidence based on good practice to the Care Home sector within Scottish Borders.
- 2. Monitoring of Quality/Performance**
 - a) Review the process for the deployment and notification to Providers of potential deployment of remedial sanctions resulting in early preventative action being taken.
 - b) To provide a regular publication of performance data and use this to assist prospective clients deciding on Care Home choice.
 - c) To work together in partnership with the Care Home Sector to consider pro-active opportunities to redesign services.
 - d) To review the use of contractual opportunities to incentivise quality improvement and prevent concerns at an early stage. To develop a set of balanced opportunities for future usage.
 - e) To introduce a local good practice accreditation award for Care Homes across the sector and annual awards ceremony.
- 3. To promote diverse use of Care Homes and alternative models including Extra Care Housing, specific proposals to include:**
 - a) Reduce the number of Intermediate flexible beds which will be registered as short stay to approximately 27 beds. There will be 16 at Waverley and 11 at Grove to include Short Breaks/Respite.
 - b) Deanfield to remain as a Care Home for long term care – with a plan to develop specialist dementia care beds rather than the planned intermediate care beds as per TOP's programme.
 - c) St.Ronan's to retain 7 short stay beds which will be used for respite and short stay with a re-ablement approach. The remainder of the beds converted back to long stay beds with 7 beds continuing to provide dementia care which will be considered to provide specialist dementia care.

- d) Saltgreens to continue to provide 7 dementia beds which will be considered as future specialist dementia care. Saltgreens to provide 7 short stay beds with 2 designated beds purely for respite.
 - e) It is acknowledged that it will be important to supplement support in Care Homes through alternative housing models such as the future development of Extra Care Housing & Housing with Care and intensive home care in line with the TOP's proposal and this is being progressed.
 - f) To develop a robust plan for ongoing property maintenance and upgrades for Local Authority Care Homes.
- 4. Ensure the voice of people using services and their carers are heard and acted on.**
- a) To seek further feedback from service users and carers on specific areas for improvement in specific Care Homes and across the sector.
 - b) Further explore use of volunteer support in Care Homes in conjunction with NHS Borders.

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Appendix A

THE ROLE OF THE OFFICER/MEMBER WORKING GROUP

The role of the group was to -

- a) To review current local mechanisms in place to address quality issues and encourage improvements
- b) Consider benchmarking/good practice in other areas of Scotland and the UK including alternative models
- c) Consider national and local context and challenges in Care Home market
- d) To identify gaps/areas for improvement and proposals
- e) To make recommendations for improvement to Social Work and Housing Committee

Timescales

To produce report and recommendations by January 2015.

Proposed Membership of Group

Councillor Renton
Councillor Bhatia
Councillor Torrance
Elaine Torrance, CSWO
Evelyn Rodger (Director of Nursing & Midwifery – NHS Borders)
Jane Douglas – Principal Assistant/Group Manager
Eric Livingston – Contracts Manager
Steve Almey – Team Leader, Reviewing Team
Bob Howarth – Older Person's Service Development Manager
Representative from Scottish Care

Other members to be co-opted in as required – carer representative