

<b>WARDS AFFECTED: ALL</b>	<b>ITEM No. ....</b>
<b>REPORT OF: Care Standards Overview Project Group</b>	
<b>CONTACT OFFICER: Andrea Tomlinson Democratic Services Officer</b>	
<b>TITLE: FINAL REPORT – May 2012</b>	

## **INTRODUCTION FROM THE CHAIR – COUNCILLOR CAMPBELL**

The Care Standards Overview Project Group was asked to review the work undertaken by the authority in relation to care provision both domiciliary and in residential accommodation and the way that this provision was procured, monitored and maintained and the procedures that were in place to ensure that any safeguarding issues were dealt with appropriately.

The research carried out involved a large amount of technical information and required in-depth explanation from the officers working in these areas. I would like to thank those officers for their support and patience in this process, particularly Jay Moosaye, Lesley Molloy, Linda Jackson, Tracy Minshull and Mandy Symes.

I would also like to thank the other Elected Members of the Project Group for their attendance at the meetings and visits and their input into the work of the Group; Councillors Joanne Columbine, Ann Garner, Joan Grimshaw, Michael Hankey and Roy Walker.

### **1.0 PURPOSE OF REPORT**

- 1.1 To inform Members of the Overview and Scrutiny Committee of the work, findings and recommendations of the Care Standards Overview Project Group.

### **2.0 BACKGROUND**

- 2.1 At its meeting on 11 October 2011, Councillor Rishi Shori, Executive Member for Adult Care, Health and Housing asked the Overview Management Committee to establish an Overview Project Group to review and consider the following:-

- Standards of quality and care, including examining the quality assurance procedures in place;
  - The financial robustness of the private sector partners who are commissioned by the Council and examination of risk management procedures in place;
  - Examination of safeguarding issues in relation to care of the elderly;
  - Comparison between in house local authority provision and commissioned private provision;
  - Invite the views of 3rd sector partners
- 2.2 The Membership of the Group comprised of Councillor G Campbell (Chair), Councillors J Columbine, A Garner, J Grimshaw, M Hankey and R Walker.
- 2.3 The Project Group was delegated to agree its own project plan which is at Appendix 1 to the report.

### **3.0 METHODOLOGY**

- 3.1 The Group met on the following occasions:-

9 January 2012  
 15 February 2012  
 25 April 2012

- 3.2 Members of the Group also attended quality assurance visits at different care homes across the borough alongside a quality assurance officer.

### **4.0 WORK UNDERTAKEN BY THE GROUP**

#### **4.1 DOMICILIARY CARE**

- 4.1.1 Domiciliary care is the term used for the care and support service provided by trained professionals to vulnerable people within their own homes. It is provided with the aim of enabling people to remain independent in their own home and maintaining a good quality of life.
- 4.1.2 Domiciliary support workers perform tasks such as assistance with personal care; medication; getting in and out of bed; toileting; shopping; prescription collection and meal preparation.
- 4.1.3 800 customers across Bury are in receipt of Council funded domiciliary care (as of December 2011). This equates to 7485 hours of funded care per week.
- 4.1.4 Any adult who lives in Bury is entitled to an assessment to determine

whether they are eligible for Council funded domiciliary care service. They must meet the Fair Access to Care Services (FACS) criteria. An assessment officer undertakes a written assessment to determine eligibility.

- 4.1.5 Bury commissions services from 11 approved providers. The average number of hours a customer receives is 9.48 hours per week.
- 4.1.6 Within Adult Care Services Procurement Services there is a brokerage team which manages all referrals for domiciliary care. This is the single point of contact for customers. The team receive referrals and then offers the package to the Councils approved providers. The team issues all relevant paper work to both the provider and the customer. The information that the customer receives sets out the following information; who the provider is; the providers contact details including emergency telephone numbers; contact details of the Care Quality Commission; Information on how to make a complaint or raise any issues in relation to the care package with the Council and a copy of their individual care plan so that the customer knows what to expect once the care package commences.
- 4.1.7 When a new package is commissioned or a transfer of services takes place the brokerage team undertake a customer satisfaction telephone call to ensure that the service the customer is receiving is of high quality and to ensure any issues identified are quickly resolved to their satisfaction. Between 1 January 2011 and 31 December 2011 the brokerage team had contacted 217 customers. 95.39% were satisfied with the service they were receiving and the team had acted upon the issues raised by the 4.61% who were not satisfied.

The telephone surveyors asked the following questions:-

- Did you receive a copy of your care plan and the confirmation letter?

- Do the carers arrive on time?

always  
most of the time  
sometimes  
rarely  
never  
not sure

- Did a member of staff come out and visit you and explain about the services they can provide to you?

- Do you feel the staff conduct themselves professionally when they are in your home?

always

most of the time  
sometimes  
rarely  
never  
not sure

- Do you feel satisfied about the support you are receiving?

If no what could be improved?

- Do you know who to complain to if you have any problems?

It was also explained that if a customer was not contactable over the telephone a home visit would be made by their social worker within six weeks of the care package commencing to ensure that the service was being received to the required standards.

Adult Care Services have also introduced Electronic Care Monitoring (ECM) which provides the Council and providers with accurate information in relation to date, time and duration of visits undertaken by care workers. It also enables identification of any missed visits so that action can be taken immediately. The ECM works by the care worker telephoning from the customers' home to record their arrival, these calls can be traced to the customers' home. The use of ECM is mandatory for all of the Council's approved providers.

- 4.1.8 All of the domiciliary care providers are required to complete a weekly return detailing any missed or late visits and what action was taken and also a summary of closures and the reasons for the closure. Providers are also required to provide details of new staff recruited, staff that have left as well as recruitment action that has been taken in relation to any vacancies they may have. When a provider has employed new staff that are required to provide information relating to CRB checks that have been carried out as well as qualifications achieved and training given. This information is updated on a four weekly basis.

## **4.2 RESIDENTIAL CARE**

- 4.2.1 The Council funds in borough residential placements for Bury residents across 51 residential care homes providing care for needs covering elderly, mental health, learning disabilities, physical and sensory disabilities/frailty and autism.

The total number of customers in adult residential care was 1164 women and 658 men.

The projected figures show that need would increase by 363 placements by 2025.

It was explained that at any one time there 60 to 100 beds available across the residential care homes in the borough.

### **4.3 QUALITY ASSURANCE**

- 4.3.1 The Care Quality Commission (CQC) registers providers who apply to provide care services within England and Wales and undertakes monitoring of these providers compliance to the Essential Standards of Quality and Safety. CQC have assessed that all Bury Councils approved providers are fully compliant with the required standards which include; standards of treating people with respect and involving them in their care; providing care treatment and support which meets people's needs; caring for people safely and protecting them from harm; standards of staffing and standards of management.
- 4.3.2 Adult Care Services have established a Quality Assurance and Development Team which assesses the quality of the Councils commissioned services and support providers to develop high quality services. The team has a Senior Quality Assurance and Development Officer and four Quality Assurance and Development Officers covering domiciliary care, supported living and residential care. The team also provides support and advice to providers to enable them to develop their services and provide high quality care and support to the Council's customers. Where providers are failing to comply with the Council's standards they will receive intensive support within the service environment to rectify any issues in relation to quality of support.
- 4.3.3 The financial security of all providers was also an area that Adult Care Services needed to ensure and as such required a statement from their bank to ensure financial robustness. It was also reported that the Assistant Director of Adult Care Services' team was undertaking some work in this area.
- 4.3.4 The Quality Assurance Team undertake annual reviews of the quality of all its commissioned providers. Adult Care Services have developed its own Quality Assurance Framework (QAF) which is based on the national Essential Standards of Quality and Safety. The QAF is a comprehensive tool which evaluates the quality of care that the provider delivers. The QAF was developed in consultation with providers and was launched in September 2011. The QAF is a self assessment tool which is validated by a Quality Assurance and Development Officer through undertaking site visits, desktop based research and gathering feedback from customers, families and

professionals. The QAF contains 16 core standards and 12 non core standards that the provider should be able to show compliance with.

The process of the QAF was explained to the group;

- A self assessment document is issued to the provider
- The provider has four weeks to complete and return the document to the Quality Assurance and Development Officer, once the document has been submitted to the Quality Assurance and Development Officer the monitoring process commences
- The Quality Assurance and Development Officer will contact and liaise with other agencies and stakeholders before arranging a site visit. The site visit will not always be announced but where appropriate at least 24 hours notice will be given to the provider. The visits usually take place within two to four weeks of receipt of the self assessment form.
- Following the visit a draft report will be completed and returned to the provider and a follow up visit arranged within 10 working days to confirm the final rating. This is the opportunity for the Quality Assurance and Development Officer and the provider to amend or agree the draft report before it is finalised (only evidence observed and logged by the Quality Assurance and Development Officer at the site visit can be discussed at this stage, it is not permissible to request additional information is taken into consideration to increase the performance level score).
- Once the report is agreed it will be shared within the public domain.

The CQC have not developed a quality rating for providers therefore Adult Care Services have introduced their own quality rating based on the following criteria;

- Excellent - Full compliance sixteen core outcomes plus whichever outcomes apply from the remaining twelve
- Good - Full compliance sixteen core outcomes plus 70% compliance with the remaining applicable outcomes
- Adequate - Full compliance sixteen core outcomes plus 50% compliance with the remaining applicable outcomes
- Poor - Not meeting requirements for Adequate rating as above or non compliance with any of the sixteen specific core outcomes.

It was explained that the CQC do not have the resources to undertake site visits in all instances to validate the services provided and in some cases rely solely on the self assessment document. This was felt unacceptable to Adult Care Services and the Quality Assurance Team can robustly ensure that the standards of services their customers

expect to receive are delivered.

The number of official complaints received by Adult Care Services from April 2011 to February 2012 was 5, 4 relating to the quality of care and 1 regarding a late visit.

Concerns raised are also recorded and logged by code, there were 120 concerns raised that were recorded by Adult Care Services;

Poor standard of care -	26
Early/late visit -	18
Missed visit -	17
miscellaneous -	13
Medication Issues -	11
Short duration visit -	10
Continuity of care issues -	6
Safeguarding Adult investigations -	3
Missing paperwork in users' home -	3
Problem with individual carer -	3
Moving and handling issues -	3
Compliance with contract -	2
Not completing communication sheets	2
Problem with keys	1
Less than ordered number of carers	1
Any issues with finances	1
Total	120

#### **4.4 SAFEGUARDING**

4.4.1 Safeguarding concerns can be reported by anybody that has a concern relating to a vulnerable adult. Referees include professional care workers, social workers, police, probation worker, relatives, friends, councillors and members of the public. Every case is treated individually and taken seriously.

There are a number of ways that a safeguarding concern can be raised:- over the telephone to 253 5151, online using the online referral form ([www.bury.gov.uk/AF3/an/default.aspx/RenderForm/?F.Name=miXxUmR3CWo](http://www.bury.gov.uk/AF3/an/default.aspx/RenderForm/?F.Name=miXxUmR3CWo)), via e-mail to [adultcareservices@bury.gov.uk](mailto:adultcareservices@bury.gov.uk) in writing to Whittaker Street or face to face at Whittaker Street reception or at Connect and Direct.

The number of safeguarding referrals has risen year on year since from 71 in 2006/2007 to 642 current. This is because of awareness raising of the issue both with professionals and the public and with joint working initiatives and policies.

Each referral made is logged and the referee is noted. The location of abuse is also noted and ranges from locations such as the victims own home to hospitals and places of work/training. The types of abuse reported were physical, sexual, emotional/psychological, financial, neglect, discriminatory and institutional and the abusers were partner or other family member (26%), residential care staff (14%), other social care staff (16%) and another vulnerable person (6%). If a concern was raised and the person was in immediate risk a response can be made within an hour of the referral being made. The safeguarding team have staff available to deal with immediate risk 24 hours, 7 days a week all year round.

Once a referral has been received a safeguarding alert is created on the RAISE system and an enquiry page is created this is then looked at to decide what the risk is and whether immediate action is required. Further investigation into the concern is then considered. If a decision to proceed is made a strategy discussion will be held and a strategy meeting arranged which will then feed into an investigation. Each case is reviewed after completion with further reviews scheduled if deemed necessary.

If the police have been involved in an investigation they would usually take the lead.

Of the 642 referrals received by Adult Care Services in 2011/2012 642 were closed at the first stage and not taken forward as safeguarding referrals, 116 are still ongoing and 102 have been investigated and completed.

Of the 102 that have been investigated 47 were substantiated, 15 were partially substantiated, 19 were not substantiated and 21 were not determined or inconclusive.

A number of case studies were presented to the group for them to see what type of concerns had been referred and how they were dealt with.

It was also explained that records would be kept at every stage from initial referral to follow up reviews after any investigation had been carried out. Even if the case had been closed at stage 1 there would be notes made of what had been done and who had been involved in the case. Staff have checklists that they have to follow. This means that an audit trail of every referral made is available if ever needed and also if a number of separate referrals are made relating to the same vulnerable person there will already be information relating to them.

There are a number of different agencies working together on safeguarding and the Multi Agency Risk Assessment Conference has



been identified as best practice.

Training is given both internally and to external partners on all areas of safeguarding and performance data in this area is kept and monitored.

A document entitled Thresholds has also been produced to provide guidance on what a safeguarding issue is.

Work is also carried out in areas where lower than average referral figures are recorded to ensure that there are no issues.

There was a lot of work being carried out to raise awareness of safeguarding issues including the use of road shows and focus groups and the joint strategic needs assessment will also be used to highlight any areas.

It was explained that the Safeguarding Adults Board is a non-statutory, multi-agency partnership that meets every three months. The Bury Safeguarding Adults Board exists to ensure that all agencies work together to minimise the risk of abuse and to protect vulnerable adults effectively when abuse has occurred or may have occurred. The Board is committed to learning from experience and to a process of continuous improvement

The members of the Board were reported as:-

- Safeguarding Adults Independent Chair
- Executive Director of Adult Care Services
- Programme Manager, Public Health, NHS Bury
- Divisional Superintendent, Bury Police
- District Manager, Victim Support, Bury
- Representative from Bury Third Sector Agencies
- Representative from Bury Local Involvement Network (LINK)
- Assistant Chief Executive, Bury Probation
- Director of Neighbourhoods, Six Town Housing
- Divisional Director, Pennine Acute Hospitals NHS Trust
- Associate Director of Governance & Clinical Leadership, Pennine Care NHS Foundation Trust
- Acute Services Manager, Pennine Care NHS Foundation Trust
- Associate Director of Social Care, Greater Manchester West Mental Health NHS Foundation Trust
- Programme Manager, Bury Adult Learning
- Bury Borough Commander, Greater Manchester Fire and Rescue Service
- Manager, BADDAC Access CIC
- A Bury Councillor

The Board produces an Annual Report which sets out the work carried out across the borough in relation to safeguarding.

## **5 RECOMMENDATIONS**

### **RECOMMENDATION 1**

That this Group recognises the thorough and robust quality assurance measures and safeguards in place in respect of care standards across the borough.

### **RECOMMENDATION 2**

That the Independent Chair of the Safeguarding Board be invited to report to the Health Scrutiny Committee on an annual basis.

### **RECOMMENDATION 3**

That, as a means of monitoring care standards, the Health Scrutiny Committee be appraised of the findings of the Care Quality Commission in respect of care standards and be updated on the Council's in-house Quality Assurance Framework.

**Contact Details:** Andrea Tomlinson, Democratic Services  
Telephone number: 0161 253 5133  
E-mail address: a.j.tomlinson@bury.gov.uk