

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 28 January 2016  
**Subject:** Health and Wellbeing Update – Part 1  
**Report of:** Strategic Director for Families, Health and Wellbeing

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**Summary**

This report provides Members of the Committee with an overview of developments across Health and social care.

**Recommendations**

The Health Scrutiny Committee is asked to note the contents of this report.

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**Wards Affected: All**

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

## **Strategic Commissioning**

Strategic Commissioning is the process by which the Council works with residents and providers to make sure Manchester has the right services for children and families in the city. This activity covers a wide range of services and issues such as care for older people, learning and physical disabilities, mental health, Looked After Children, early years, health and wellbeing, homelessness and support for carers.

The Council is looking at new ways of commissioning with partners and an example is the recent work on reviewing Domestic Violence and Abuse (DV&A) service provision. The Council was selected in March 2014 as one of the ten local authorities to take part in the Delivering Differently programme. This was a joint initiative between the Cabinet Office, the Department for communities and Local Government, the Local Government Association and the Society of Local Authority Chief Executives. The programme was designed to support councils to select and implement new models of delivery for some of their public services and the Council decided to seek a new delivery model for DV&A.

As part of the implementation of the new delivery model the Commissioning Hub conducted a number of workshops with key partners to co-design new services taking into account the recommendations from the Delivering Differently programme. The Council jointly agreed with partners the service requirements and objectives, and encouraged partnership working between the DV&A providers.

The result has been more innovative services that better meet the needs identified and a much more coordinated approach. Examples of new services are:

- A volunteer programme to support Police Community Support Officers in conducting the three monthly call backs to victims of domestic abuse.
- An early help/prevention service for those couples who have decided to stay together and are low risk. This will also include therapeutic support to children in the family where appropriate.

## **Greater Manchester Strategic Plan: Population Health Outcomes**

The strategic plan: "Taking charge of our Health and Social care in Greater Manchester" has now been published in preparation for the region taking full responsibility for its devolved £6bn health and social care budget from 1 April this year. The Plan has been built from the 10 Locality Plans and the draft Manchester Locality Plan was presented to the Committee in December.

"Taking Charge" sets out the health outcomes to be achieved for Greater Manchester 2021 in the following areas:

- Children: More children to get off to the right start so that they are classed as school-ready by the time they go into reception. Improving levels of school readiness to projected England rates would mean that 3250 more children in Greater Manchester will have a good level of development by 2021

- **Babies:** Reduce the risk of low birth-weight babies. Reducing the number of low birth weight babies in Greater Manchester, to projected England rates, will result in an 270 fewer very small babies (under 2500g, or 5.5lbs) by 2021
- **Reducing effects of poverty:** Increasing the number of parents in employment with good terms, to projected England rates, will result in 16,000 fewer children in Greater Manchester living in poverty by 2021
- **Heart Disease:** Fewer people to die early from cardio-vascular disease (CVD). Improving premature death rates from CVD, to the projected England average, will result in 600 fewer deaths by 2021
- **Cancer:** Fewer people will die early from cancer. Improving premature death rates from cancer, to projected England average, will result in 1300 fewer deaths by 2021
- **Respiratory disease:** Fewer people will die early from respiratory disease, .improving premature death rates from respiratory disease, to the projected England average, will result in 580 fewer deaths by 2021
- **Older people:** More people to be supported to stay well and live at home for as long as possible. Reducing the number of people over 65 admitted to hospital due to falls, to the projected England average, will result in 2,750 fewer serious falls.

The Manchester specific contribution to the achievement of these outcomes will be presented to the Committee in the February update

### **New Sugar Smart campaign launched**

The New Year saw the launch of the new Change4Life Sugar Smart campaign encouraging families to cut back on sugar and providing easy-to-follow tips and advice on how to do this. There is a new Sugar Smart app to help parents see how much sugar there is in everyday food and drink. The free app works by scanning the barcode of products and revealing the amount of total sugar it contains in cubes and grams. Change4Life has also created short film to warn parents about the health harms of eating and drinking too much sugar, including becoming overweight and tooth decay. On average, children in England consume three times more sugar than the maximum recommended daily amount.

## 1. Manchester City Council Monitoring

Update on public CQC reports on residential care homes released during December.

<b>Provider Name</b>	<b>Pierre Benjamin Grenade</b>	<b>Zinnia Healthcare Ltd</b>	<b>Equilibrium Healthcare Ltd</b>	<b>R Selvandan</b>
<b>Home Name</b>	Nada	Yew Tree Manor	Oaklands	Royal Elms
<b>Home Address</b>	451 Cheetham Hill Road, Cheetham	Yew Tree Lane	290 Dickenson Road, Longsight	23 Windsor Road, Newton Heath
<b>Registered Beds</b>	28	43	38	26
<b>Current Occupancy</b>	24	39	38	23

1.1 Quality and Review Officers undertake additional visits to Care Homes to assess them against a Bronze, Silver and Gold quality framework, where providers achieve a recognised level of care, promoted by financial reward. Additionally, the QPC team identifies and promotes training opportunities with providers and regularly invites speakers to the provider forums to help services meet ongoing citizens' needs.

1.2 This briefing updates Health Scrutiny Members on the monitoring of Nada Nursing Home, Yew Tree Manor Nursing Home, Oaklands, and Royal Elms.

Below are some examples of key CQC findings following recent inspections.

## 2. Nada Nursing and Residential Home

2.1 The Quality, Performance and Compliance Team have Nada as a red risk rated home. The home had been monitored by Contracts and Compliance on 15th January 2015, 26th May 2015 and 21st October 2015. There were also spot visits carried out 5th January 2015, 13th August 2015 and 14th December 2015. Nada Residential Home was also inspected by the Quality and Review Officer on 13th August 2015 from this report Nada was rated silver 78.6% with dignity. The home continues to have a number of areas that will need continuous improvement and these will be captured as part of their Action Plan.

2.2 Nada Nursing Home cares for residents with varying severities and complex needs. There are also a number of residents who are drink dependant. Nada cares for residents that are often too difficult for other homes to accept and as such its clientele and ways of working can be very different and more complex than a standard care home with nursing. A privately owned care home in the Cheetham Hill area of North Manchester, it is registered to provide nursing care and accommodation for up to 28 people who may have a combination of mental health and personal care needs.

2.3 CQC undertook an unannounced inspection of Nada Nursing Home on the 4 and 5 November 2015. At the time of the inspection there were 22 people living at the home. The inspection found:

- Effective systems were not in place to assess, monitor and review the service provided so that people received a good quality service
- The provider had not ensured the principles of the Mental Capacity Act 2005 had been consistently applied so that valid consent was sought, acting in accordance with people's wishes
- Opportunities for staff training needed improving so that staff had the knowledge and skills needed to carry out their role and responsibilities safely and effectively
- Clear and accurate records in the administration of 'when required' medication and medicines returned to the pharmacy were not in place to show people people's medicines were handled safely and effectively
- A programme of redecoration and refurbishment was needed throughout the service. Hygiene standards needed improving to minimise the risks of cross infection
- Opportunities for people to participate in a range of activities needed enhancing to meet the individual needs of people
- People's care records directed staff in the care and support people needed to meet their physical and health care needs.

### **3. Yew Tree Manor Nursing Home**

3.1 The Quality, Performance and Compliance Team have visited Yew Tree Manor for full monitoring during May and August with further spot visits taking place in June and August. During these visits key themes have been looked at, including staff supervision, medication, care planning, staff training, shift patterns and numbers of staff. The home has been working to improve in a number of these key areas, although with slow progress, for example that care planning should be outcome focused for all residents. The recruitment of an additional deputy manager should start to see the registered manager's time being more focused on the operation of the home rather than the daily care giving that she finds herself involved with. Additional training for end of life care is currently being completed for staff at the home and they have s been working towards dementia care service delivery.

3.2 Yew Tree Manor has been subject to regular inspection by the QPC team, often accompanied by CCG Colleagues. Concerns remain about the leadership of the home, although significant improvement has been made and during 2015 the home remained amber risk rated.

3.3 Yew Tree Manor Nursing and Residential Care Home ('Yew Tree Manor') is located in Northern Moor, south of Manchester. The home can accommodate up to 43 residents. CQC inspection took place over two days on 20 and 24 August 2015. The CQC inspection found:

- Numbers of staff on duty were not always sufficient. Although the registered manager told CQC that staffing levels had increased, in practice there were not always enough staff on duty to meet the needs of residents

- CQC heard from a resident and confirmed by observation that staff did not always check that medicines had been taken before signing the Medicine Administration Record. There was no guidance for when people should take ‘as required’ medication
- One of the two lifts had been out of service for about six weeks, which meant that some people had longer journeys to reach their bedrooms.
- There was some paperwork in place to record that consent was given when necessary, but it was used inconsistently
- Training records recorded that the majority of staff were up to date with their training, but there were gaps and newer recruits had not yet received some essential training
- The food was generally liked and the cook had a good understanding of how to meet people’s nutritional needs. The dining area was too cramped, although some steps had been taken
- People’s basic personal care needs were not always being met. There was one person confined to bed who was unable to use the call buzzer and became distressed
- Yew Tree Manor was not providing a good service for people at the end of their lives, and a higher proportion of people than in other comparable care homes were being transferred to hospital when they were nearing the end of life
- Care plans in general were of a poor quality and did not provide a basis for good person-centred care
- The division of responsibility between the registered manager and the clinical lead was unclear
- There was scope to obtain more feedback from residents and their relatives about the service. The staff meetings could also be used to hear staff ideas about improving the service.

#### **4. Oakland House Nursing Home**

4.1 The Quality, Performance and Compliance Team have visited Oakland house 3 times during this financial year, these being in May, August and November (the latter on the 11/11/15 after CQC’s visit but before publication of the report) to complete short spot visits. The home is currently risk rated as green and MCC have found the provider to be responsive to any concerns and issues identified during our inspection. Staff, residents and families during our monitoring have reported that they are happy with the service and employments at the home. The directorate has no recorded complaints and the home has been subject to 3 safeguarding investigations during the financial year, all have been unsubstantiated apart from one which was partially substantiated. The action plan sent to CQC as a result of the inspection outcome has been received by the provider and progress against this will be monitoring for progress. A further full unannounced monitoring visit to the home is scheduled for February 2016.

4.2 Oakland House accommodates up to 38 people in 3 units over three floors. The service provides residential and nursing care for people under 65 and over 65 with mental health needs. Manchester currently has 11 residents placed there and numbers of placements are long term. The home is run by Equilibrium Healthcare Limited, which runs two other services in Manchester. CQC inspected the service on 3/11/15 and found the service to require improvement in a number of areas:

- Suitable arrangements were not in place with regards to the management and administration of people's prescribed medicines and medicine required 'as and when'
- The provider did not always adequately assess, monitor and manage the risks to people to ensure their health and well-being was maintained
- Records showed that not all staff had received all the necessary training and support needed to carry out their role
- The service did not always demonstrate a caring approach because there was no evidence in care plans that the home promoted people's independence
- People and their relatives were not always involved or consulted with in relation to care planning. People's assessments and care records did not include clear information to guide staff about how they wished to be cared for
- Activities were not seen being offered as part of people's daily routine

## **5. The Royal Elms Care Home**

5.1 The Quality, Performance and Compliance Team have visited The Royal Elm 3 times this financial year, completing short spot visits in May & July and a full monitoring visit in November, all unannounced. A number of items that needed addressing were identified following the MCC visit in November which were sent with the report as an action plan to the provider. Progress against the MCC & CQC action plan will be checked on the next visit to the provider, scheduled for February 2016. The dementia registration with MCC will be subject to review by the directorate's quality team. The home is currently risk rated as green, and the provider has demonstrated good working practices and responsive actions with the council for an established period of time.

5.2 The Royal Elms offers residential care for up to 26 people over two floors and is a dementia registered home predominantly caring for customers over 65 years old. Currently there are 16 Manchester residents. CQC inspected the service in October and published their report on 9/12/15. Overall following inspection CQC rated the service as requiring improvement in the following areas:

- Some of the systems to record medication were not sufficiently robust
- The medication store room needed some improvements to prevent the risk of cross infection
- Night staff were expected to undertake domestic duties which may distract them from meeting people's needs
- The design of the premises was not dementia friendly
- It was not always possible to obtain a full picture of people's care needs and risks or track progress as some care records were not up to date.
- Activities were infrequent and there were times when staff were not available to offer support to people
- The systems that were in place for monitoring quality were ineffective. The registered manager was unable to demonstrate how actions were taken to improve the service.