

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 26 May 2016  
**Subject:** Health and Wellbeing Update – Part 1  
**Report of:** Strategic Director for Families, Health and Wellbeing

---

**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.

---

**Wards Affected: All**

---

**Contact Officers:**

Name: Hazel Summers  
Position: Strategic Director of Adult Social Care  
Telephone: 0161 234 3952  
E-Mail: hazel.summers@manchester.gov.uk

Name: David Regan  
Position: Director of Public Health for Manchester  
Telephone: 0161 234 3981  
E-Mail: d.regan@manchester.gov.uk

**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

## **1. Extra Care Housing Update**

### **1.1 Background and Overview**

Extra care housing has been operating in Manchester for over 10 years and has supported many older people to remain independent. The intention is to increase the provision of extra care housing in Manchester to improve access and geographical coverage across the city. The Care Closer to Home Project aims to divert people away from residential care and place them in more appropriate housing options like extra care housing. It is estimated that 40% of people being placed in residential care could be diverted to extra care housing instead.

Extra care features:

- Flexible and responsive personal care – the ability to step up and step down care as needed
- Care staff available on-site 24/7, waking night care
- Schemes able to cater for a range of need including dementia and other mental health conditions
- A mix of care needs managed through allocations process and appropriate referrals
- Seamless service between care and housing support functions
- Customer choice through individual budgets and tenure mix
- Appropriate use of assistive technology and Telehealth
- Partnership working between housing, care, health and social care organisations
- Social activities and creation of community environment

The current aims for extra care are as follows:

- Older people are supported to live in their own homes (tenancies) for as long as possible.
- Care needs and health conditions are managed effectively through flexible care provision to prevent people reaching crisis point.
- The number of unnecessary or repeat admissions to hospital or A&E is reduced.
- The number of avoidable admissions to residential and respite care is reduced.
- Carers are supported and carer breakdown is avoided.
- Older people who are vulnerable and socially isolated are supported to rebuild community links.
- Residents' independence is maximised, they enjoy a high quality life and report high levels of wellbeing and satisfaction

### **1.2 Current Provision**

There are current 6 schemes in operation in Manchester:

- Whitebeck Court – Charlestown
- The Byrons – Higher Blackley
- Butler Court – Miles Platting
- Hibiscus Court – Moss Side
- Westfields – Baguley
- Shore Green – Baguley

Five are general needs schemes and Shore Green is a specialist dementia scheme. There are a total of 297 extra care places across these schemes. Schemes are a mix of new-build and remodelled sheltered and vary in size from 10 units for the dementia scheme up to 91 units.

### 1.3 Care mix and contracting arrangements

Extra Care schemes aim to achieve a balance of care needs so they have a mix of no needs, low, medium and high needs and there is 24 hour waking care on site as standard. Referrals and care needs mix are monitored by monthly allocations panels.

The Council currently operates block contracts for the extra care schemes and each scheme is allocated a threshold of care hours. For new schemes a cost and volume contract model will be used in order to give commissioners greater control over budgets linked to extra care schemes.

### 1.4 Future extra care provision and developments

There are already a number of new schemes in development that will begin to complete in 2016 and 2017 and will increase capacity

Planned developments are:

| Scheme          | Ward        | Number of units | Current status                                   |
|-----------------|-------------|-----------------|--|
| Village 135     | Sharston    | 135             | Due to open in summer 2016                       |
| Burnage Lane    | Burnage     | 50              | Works estimated to start in late 2016/early 2017 |
| Oaklands House  | Fallowfield | 40              | Works estimated to start in late 2016/early 2017 |
| Brunswick PFI   | Ardwick     | 60              | Scheduled for 2019                               |
| Bellamy Court   | Gorton      | 105             | Planning stages – Funding awarded from HCA       |
| Stagecoach site | Hulme       | 80 -100         | Planning stages                                  |

### 1.5 Opportunities for partnership working with CCGs

Extra Care Retirement Housing can offer significant benefits to Health Services. Discussion are being held to increase the numbers of apartments available for the Clinical Commissioning Groups (CCG) to rent in the schemes to provide “step up/step down” intermediate care accommodation to facilitate hospital discharge or avoid emergency hospital admission. This is currently being trialled at Westfields extra care scheme with positive results and agreement has been made for 5 apartments to be rented for intermediate care at the Village 135 scheme under construction in Wythenshawe. The intermediate care units can support better outcomes for patients and link strongly to the Living Longer, Living Better approach to integration of health and social care.

Opportunities are also being explored to incorporate health services into proposals for new schemes. This can involve GP surgeries being based within the

developments or agreeing to use some of the communal facilities for health services and clinics that can be provided in a community setting.

## **1.6 Planned service improvements**

### Streamlined Referral Process:

Work has already been carried out recently to streamline and improve the allocations process for extra care housing. This has included standardising the application and assessment forms used, introducing a prioritisation scoring tool and combining the monthly allocations panels for the three schemes in the north of the city to enable improved information sharing between schemes and reduced void periods. This arrangement will be rolled out across the city when the new developments in South Manchester are operational.

### Vacancies Updates:

Regularly updated information about vacancies in extra care is sent to each of the locality social work and primary assessment teams and the ambition is to develop an online 'real-time' system that can be checked and updated as needed and when vacancies arise.

### Marketing:

A number of promotional items are being produced to expand the awareness of extra care. These include an extra care newsletter, care in extra care leaflet and improved web presence and links from Manchester Move. Commissioning staff are also meeting with social work teams to ensure that they are aware of extra care schemes in the city.

### Transitional Flats:

Options are being explored to introduce more transitional and step up/step down units within extra care and sheltered housing. These would provide quicker access and emergency access to extra care provision meaning that people could avoid going into hospital or residential care and those already in hospital could be discharged sooner.

### Future models:

There are also opportunities to develop extra care for other cohorts e.g. learning disabilities, mental health. The extra care model can work well for people from other cohort groups and provide a less expensive option than some supported housing placements.

Increasing the provision of extra care will provide more options for people who can no longer manage in their own homes. This in turn could lead to reduced usage of residential care and lower numbers of people being admitted to hospital because they have reached crisis point.

Linking schemes together or combining them with a community home care offer would provide economies of scale and relieve pressures in the availability of home care in some areas of the city. Linking extra care and sheltered housing together would expand the benefits of extra care, increase accommodation options for those

with care needs and could make sheltered housing schemes more sustainable by improving demand.

## **2. Local Account**

2.1 In 2011 a requirement was placed by national Government on local authorities to produce a Local Account. Although the requirement is not mandatory, Councils are recommended to publish them on an annual basis.

The Local Account is designed to tell people how well a Council has done in delivering adult social care against priorities. It also informs people of the challenges and the work planned over the coming year.

2.2 Local Accounts form a key part of the approach to sector led improvement in adult social care as they can provide a key mechanism for demonstrating accountability for performance and outcomes. They can also act as a tool for planning improvements, as a result of sharing information on performance with people who use services and engaging with them to get feedback on their experience. Manchester's Local Account for 2014/15 will be published on the internet.

## **3. Medical Examiner and Death Certification Reforms Consultation**

3.1 The death certification system in England and Wales is overdue for reform. It has remained largely unchanged for over fifty years, despite repeated criticism: The Fundamental Review of Death Certification and Investigation in England, Wales and Northern Ireland, published in 2003, noted that "During the last three-quarters of a century, the Government has twice commissioned reviews on these subjects, in 1936 and 1965. Very little happened in response to these reports. The services are showing the consequences of this neglect"

3.2 In its Third Report, the Shipman Inquiry examined the process of death certification and the coroner system. The Inquiry concluded that existing arrangements for scrutinising Medical Certificates of Cause of Death (MCCDs) were confusing and provided inadequate safeguards.

3.3 The Government of the day accepted the Shipman Inquiry's conclusions, and its action programme in response to the inquiry's key recommendations led to the design and piloting of a new rigorous and unified system of certification and independent scrutiny for all deaths in England and Wales that do not require investigation by a coroner (regardless of whether they are followed by burial or cremation).

3.4 More recently, the Francis Inquiry report, published in February 2013, made a number of observations about certification and inquests relating to hospital deaths.

3.5 The Department of Health (DH) is therefore undertaking a consultation on the proposed changes to the death certification process and accompanying draft regulations. These changes include the introduction of independent medical examiners who will confirm cause of all deaths that do not need to be investigated by

a coroner. The consultation also seeks views about making changes to cremation regulations – the current role of the medical referee, who authorises cremations at a crematorium, will be abolished when medical examiners are introduced.

3.6 There are a number of questions in the consultation document ([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/517184/DCR\\_Consultation\\_Document.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/517184/DCR_Consultation_Document.pdf) ) and responses must be submitted to DH by 15 June 2016. Discussions are now underway across Greater Manchester (GM) and the outcome of these will inform a local Manchester response.

## 1. Manchester City Council Monitoring

Update on public CQC reports on residential care homes released since February 2016.

| <b>Provider Name</b>     | <b>Victoria Nursing Home</b>        | <b>St Georges Residential Home,</b> | <b>Allendale Residential Home</b>       | <b>Marion Lauder House</b>                   | <b>Maybank Residential Home</b>             | <b>Human Support Group</b>             |
|--------------------------|-------------------------------------|-------------------------------------|---|--|---|--|
| <b>Provider Name</b>     | Homesend Ltd                        | Astra Investments Ltd               | Allendale Rest Home Ltd                 | Care Concepts Ltd                            | Maybank House Ltd                           | Human Support Group Ltd                |
| <b>Provider Address</b>  | 9 Anson Road, Longsight, Manchester | Abbey Hey Lane, Gorton, Manchester  | 53 Polefield Road, Blackley, Manchester | 20 Lincombe Road, Woodhouse Park, Manchester | 588 Altrincham Road, Brooklands, Manchester | 33 Ballbrook Ave, Didsbury, Manchester |
| <b>Registered Beds</b>   | 20                                  | 10                                  | 24                                      | 77   | 25  | N/A                                    |
| <b>Current Occupancy</b> | 19                                  | 4                                   | 21                                      | 76   | 25  | N/A                                    |

1.1 As reported during the last Scrutiny Report, the Council undertakes contract monitoring based on risk analysis informed by a range of qualitative and quantitative sources, including complaints and safeguarding investigations. In addition, quality is monitored through hearing the views and experiences of citizens who use services. The Quality, Performance and Compliance Team (QPC) meet regularly with Care Quality Commission (CQC) representatives to share intelligence on a quarterly basis or more often if required. Officers in the team also speak with CQC Inspectors on a frequent basis to share concerns and progress about providers across the City. CQC is invited to partake in safeguarding strategy meetings and the relationship between the council and CQC is a positive one.

1.2 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.

1.3 This briefing updates Health Scrutiny Members on the monitoring of **Victoria Nursing Home, St Georges Residential Home, Allendale Residential Home, Marion Lauder House, Maybank Residential Home and Human Support Group.**

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

### 2. Victoria Nursing Home

2.1 Victoria Nursing home is a Mental Health service based in the Longsight ward. The service provides nursing care for people under 65 and over 65 with mental

health needs, Manchester City Council currently funds 8 residents placed there and number of placements are long term.

2.2 The Quality, Performance and Compliance Team have visited Victoria Nursing Home and completed 2 full monitoring visits and 3 shorter spot visits in the last 12 months. Following the publication of CQC's report on 3 March 2016 a copy of the action plan required as a result of the inspection outcome has been received from the provider and progress against this will be checked during their next visit to the service.

2.3 CQC inspected the service on 13 & 14 January 2016 and found the service overall to require improvement in a number of areas:

- The premises were not as safe or as well maintained as they should have been.
- More up to date safeguarding training is provided for some of the staff.
- It was recommended the service considers providing mental health training for care staff, with particular emphasis on dealing with challenging behaviour.
- The care records did not always reflect the care and support required.
- We found that some of the policies and procedures, including information in the staff handbook, were either not in place or were out of date.
- Although systems were in place to monitor the quality of the service provided there was not always enough information to show whether any areas for improvement had been identified and addressed.

### **3. St Georges**

3.1 St Georges is a residential home based in the Gorton North ward. The service has 10 beds and currently supports 6 service users. The service changed owner in August 2015.

3.2 The Quality, Performance and Compliance Team have visited St Georges regularly over the last 12 months completing 3 monitoring visits and 8 shorter spot visits. The frequency of the visits was as a result of the providers' underinvestment in the service by the last owners and concern around the financial viability because of its size and under occupancy. Following the publication of CQC's report on 29 March 2016 the home has been taken over by another provider who has supplied QPC with a copy of the action plan required as a result of the inspection and progress against this will be checked during their visits to the service.

3.3 CQC inspected the service on 8 December 2015 and found the service overall to require improvement in a number of areas:

- Not all the required checks were in place before staff started working at St Georges.
- The storage of controlled drugs did not meet requirements.
- Not all mandatory refresher training was up to date. The system of supervision for staff needed improvement.
- The registered manager was aware of the Mental Capacity Act 2005 but had not yet applied it.
- The physical environment needed improvement.



- Care records were not sufficiently person-centred, although staff knew the residents very well. People's wishes not to be resuscitated were not recorded on their care files.
- Some activities took place but there could be more activities suited to people's specific needs.
- Complaints made verbally had previously not always been recorded.
- The service was not consistently well led.
- Not all incidents had been reported to the CQC as required.

#### **4. Allendale Nursing Home**

4.1 Allendale Residential Home was inspected on the 25, and 26 January 2016. Date Of publication 8 April 2016. Allendale Residential Home Limited ('Allendale') is a privately owned residential care home which does not have provision for nursing care. It is on a residential road in Blackley, North Manchester. Accommodation is provided for up to 24 people.

4.2 The Quality, Performance and Compliance Team have Allendale as a red risk rated home the home had been monitored by Contracts and Compliance on 17 July 2015 and 16 December. There has also been 10 spot visits carried out since June 2015

4.3 At the time of CQC visit there were 21 people living at the home. Since the last inspection a new manager had been appointed in August 2015, who became the registered manager in October 2015. Following their visit the service overall was found to require improvement in the following areas:

- CQC found one error which concerned failing to ensure medicine was obtained for a person whose prescription had been changed while they were in hospital
- Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Forms used in the home which allowed family members to give consent where a person lacked capacity. This is not the correct process under the MCA and was therefore a breach of the regulation relating to consent.
- The record of training showed that it had tailed off in the second half of 2015.
- Incidents and accidents were recorded but there was no evidence that accidents were analysed
- It was identified that there were not enough activities and no activities organiser.

#### **5. Marion Lauder House**

5.1 Marion Lauder is a dual registered residential and nursing home in the Woodhouse Park area of Wythenshawe accommodating up to 77 people over the age of 65 with dementia. The home is run by Careconcepts Ltd.

5.2 The Quality Performance & Compliance Team have rated Marion Lauder House as Amber. The last monitoring visit was on 21 October 2015, and there have been 5 spot visits in the last year, with the latest being on 16 March 2016. We continue to see improvements to the homes operation and a commitment from the provider, the manager and their workforce to continue to work towards receiving a good outcome for residents.

5.3 CQC inspected the service on 5 January 2016 and although finding the home “good” in two of the five inspection areas overall rated the home as requiring improvement. The areas identified as requiring improvement are as follows;

- Risk assessments were not accessible for all staff
- People using this service were not always involved in decisions about how their care and support would be provided
- Staff did not demonstrate their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been made but more training was needed in relation to the MCA
- Care records did not always reflect the care people required or received.

## **6. Maybank House**

6.1 Maybank House is a residential home in the Brooklands area of Wythenshawe accommodating up to 25 people over the age of 65. CQC inspected the service on 17 November 2015 and found the home to be “good” in only one of the 5 inspection areas and rated the home as requiring improvement overall.

6.2 The Quality Performance & Compliance Team have rated Maybank house as Amber. The last monitoring visit was on 2 November 2015, and there have been 2 spot visits in the last year, the most recent of which was on 25 January 2016. The home continues to make improvements in its operation, however further improvement is required if the home is to achieve a good rating in any of the 5 CQC inspection areas.

6.3 The areas identified as requiring improvement are as follows;

- Not all risks had been identified and managed appropriately
- Medicines were administered safely but they were not always disposed of safely
- Infection control mechanisms were in place but staff did not always practice good hand hygiene
- Not all staff received regular supervision. Training identified during these sessions was not always undertaken
- Staff had received training in the Mental Health Act and Deprivation of Liberty safeguards but their knowledge/understanding of this was basic.
- Care plans were not person-centred
- Information about the medical condition of a person living in the home was limited. Staff were not well-equipped to deal with any emergencies that might have arisen in relation to it
- There was limited physical and mental stimulation for people who used the service. People were left to their own devices
- There was evidence of some quality audits but there was a lack of monitoring within the service. Improvements to service delivery had therefore not been identified and implemented.

## **7. Human Support Group**

7.1 The Human Support Group Didsbury, also known as Homecare Support, provide personal care services to approx. 217 people in their own homes. Human Support operates a framework contract with Manchester City Council for the South of Manchester.

7.2 The Quality, Performance and Compliance Team have visited Homecare Support and completed 2 full monitoring visits and 2 shorter spot visits in the last 12 months. There has also been a meeting with the Company's Directors to discuss their plans for improvement. Following the publication of CQC's report on 20 April 2016 a copy of the action plan required as a result of the inspection outcome has been received from the provider and progress against this will be checked on the next visit to the service.

7.3 CQC carried out an inspection at The Human Support Group Didsbury on 12, 14 & 15 January 2016 and found the service overall to require improvement in a number of areas:

- Sufficient time was not given to allow staff to travel safely between visits
- Staff had a programme of training but the training was out of date
- Supervisions had not been completed regularly in the previous twelve months
- Residents spoken with who used the service felt carers did not always know what their needs were so they had not felt confident that the staff had the appropriate level of knowledge to meet their needs.