Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 10 October 2016

Subject: Health and Wellbeing Update

Report of: Strategic Director Adult Social Care, Manchester City Council; Joint Director, Health and Social Care Integration, Manchester City Council and Head of Corporate Services, Manchester Clinical Commissioning Groups

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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.

Wards Affected: All

Contact Officers:

Name: Hazel Summers
Position: Strategic Director Adults 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

Name: Nick Gomm
Position: Head of Corporate Services
North, Central and South Manchester Clinical Commissioning Groups
Telephone: 0161 765 4201
E-Mail: n.gomm@nhs.net

Background documents (available for public inspection): None

1. What makes a care home outstanding?

1.1 Our report attaches the monthly update on the latest CQC ratings for inspection of care homes, their findings and actions to be taken to improve performance, but how does this relate to the national picture on what is and what is not working in care homes and affecting their ratings?

1.2 A recent study for "Skills for Care", undertaken by an independent consultant and commentator in adult social care, John Kennedy, published on 19th September 2016, found that around 80% of care homes for older people, in England, have been rated by the Care Quality Commission (CQC). So far, approximately 62% have been rated good, 37% as requires improvement or inadequate and just less than 1% are outstanding.

1.3 The study concentrates on that 1% and finds that outstanding care homes share three common attributes:

- They have an outstanding manager who is well supported and valued.
- They have sufficient resources to do the job well and these resources are invested in the service. An outstanding care home wholly reliant on state funding is an incredibly rare thing.
- The provider organisation's values and ethos are clear and effectively translated from the board room to the floor of the care home. Profit is never the raison d'être of these care homes.

1.4 Small private providers run the majority of outstanding care homes; typically they have only one or two homes in their portfolio. A clear majority of larger providers, whether for profit or not, struggle to achieve consistency. When you find an outstanding care home in a large provider organisation you commonly find one rated as inadequate or at least some that require improvement, in the same stable. Providers with solidly good or outstanding ratings across their stock are very rare.

1.5 The study found that they work incredibly hard at ensuring adequate resources and an unflinching dedication to championing quality. But they are still highly reliant on recruiting good managers. They are aware that all their efforts in auditing, quality assurance and governance will have little effect if the manager is not well supported, confident and competent in their role. The recent Skills for Care briefing on registered managers [1]highlighted that one in four care homes lose their manager each year and the figure is one in three for nursing homes.

1.6 One of the first outstanding care homes Kennedy visited, in mid-2015, was recently inspected again and rated as inadequate. The primary reason was that the manager left. Neither the external regulators nor the parent organisation were able to prevent this decline.

1.7 Kennedy's study concludes that if we want our care homes to be good, commonly and consistently, we should be recognising the fundamentals that underpin quality care. If registered managers are the fundamental primary keystone

[1] http://www.skillsforcare.org.uk/Documents/NMDS-SC-and-intelligence/NMDS-SC/Analysis-pages/Briefing-26-Registered-managers-in-adult-social-care.pdf

of quality, he suggests that they need a national professional body to set professional standards, provide support and development and, crucially, give this essential profession status at a national policy level.

2. Public Health England – Health Profiles 2016[2]

2.1 Health in Summary:
The health of people in Manchester is generally worse than the England average. Manchester is one of the 20% most deprived districts/unitary authorities in England and about 32% (32,300) of children live in low income families.
Life expectancy for both men and women is lower than the England average.

2.2 Health inequalities:
Life expectancy is 8.5 years lower for men and 7.1 years lower for women in the most deprived areas of Manchester than in the least deprived areas.

2.3 Child health:
In Year 6, 24.3% (1,243) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 47.9 per 100,000 population, worse than the average for England. This represents 54 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.

2.4 Adult health:
The rate of alcohol-related harm hospital stays is 861 per 100,000 population, worse than the average for England. This represents 3,510 stays per year. The rate of self-harm hospital stays is 224.9 per 100,000 population, worse than the average for England. This represents 1,263 stays per year. The rate of smoking related deaths is 458 per 100,000 population, worse than the average for England. This represents 735 deaths per year. Estimated levels of adult smoking are worse than the England average. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are worse than average. The rate of people killed and seriously injured on roads is better than average.

2.5 The full version of the profile can be accessed via the footnote link. The Director of Public Health will include the profile in his annual report for 2016 which will be presented to the Committee when completed, early in the New Year.

3. NHS Planning guidance

3.1 NHS England and NHS Improvement have published this year's operational and contracting planning guidance three months earlier than normal to help local organisations plan more strategically.

3.2 For the first time, the planning guidance covers two financial years, to provide greater stability and support transformation. This is underpinned by a two-year tariff and the planning process has been built around 'Sustainable Transformation Plans' (STP) so that the commitments and changes coming out of these plans translate fully

[2] http://fingertips.phe.org.uk/profile/health-profiles

into operational plans and contracts. In Greater Manchester, the Sustainable Transformation Plan is the Greater Manchester Strategic Plan which was agreed in December 2015.

3.3 Key elements:

- As part of the planning guidance, adjustments have been made to national levers such as tariff payments for hospital activity and quality incentive payments (CQUINs) to support local systems in implementing service transformation.
- Each STP area will have a Financial Control Total allocated to it which it must meet. This total does not include Social Care.
- There are 9 'must-dos' for 2017/19. Organisations are required to provide operational plans which show how they will meet the outcomes and outputs demanded in the guidance. The 9 'must-dos' are as follows:
    - STPs
    - Finance
    - Primary care
    - Urgent / emergency Care
    - Referral to treatment times and elective care
    - Cancer
    - Mental health
    - People with learning disabilities
    - Improving quality in organisations
- For 2017/18 and 2018/19, commissioners and providers are required to help create a risk reserve. This is created from 3 elements:
    - CCGs will need to ensure that 1% of their allocation is planned to be spent non-recurrently with half of this available immediately;
    - NHS England contribution of c£200m nationally;
    - 0.5% of the Trust income which previously was part of the quality incentive payments (CQUINs).
- CCGs and Councils will need to agree, via the Health and Wellbeing Board, Better Care Fund investments for the coming years. These should building on lessons learned from previous years' investments. There will be a minimum amount which CCGs need to pool as part of this but no detail of this is available at present.

3.4 The full planning guidance can be found here [3]

4. NHS England CCG Assessment

4.1 NHS England has published its annual assessment of CCGs, judging their performance against the following areas:

- Well led

[3] https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf

- Delegated functions
- Finance
- Performance
- Planning

4.2 CCGs are identified as being Outstanding, Good, Requires Improvement or Inadequate against each of these criteria and are then given an overall rating. North, Central and South Manchester CCGs were each given an overall rating of ‘Good’.

1. Manchester City Council Monitoring

Update on public CQC reports on residential care homes released during September 2016 where the rating is 'requires improvement' or 'inadequate'.

Provider Name	**Human Support Group Limited - Westfields**	**Shassab Residential Care Home**	**Brownlow House**
Provider Address	212 Hall Lane, Manchester, Lancashire, M23 1LP	144 Manchester Road, Chorlton-cum-Hardy, Manchester, M16 0DZ	142 North Road, Clayton, Manchester, M11 4LE
Registered Beds	43	8	31
Current Occupancy	24	6	31

1.1 Further to details submitted in the August Scrutiny Report, The Quality, Performance and Compliance Team 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 providers. In September 2016, no homes or services have been found to be 'inadequate', and CQC has published three 'requiring improvement' reports for Manchester providers as follows:

2.0 Human Support Group Limited - Westfields

2.1 Human Support Group Limited is a domiciliary care agency registered to provide personal care and support to older people living in Westfields, an Extra Care Scheme in Baguley, Wythenshawe. Care workers support people living in the scheme in their own tenancies so that residents can maintain independent living.

There are 43 individual flats at Westfields but at the time of inspection only 24 people were receiving an element of personal care and support.

2.2 MCC's Quality, Performance and Compliance (QPC) team has risk-rated Westfields Extra Care service as 'Green' (low level of risk). They last had a monitoring visit in December 2014 and a spot visit in April 2016. There are no significant issues but it was noted that:

- care plans require auditing
- record keeping on service user finances required improvement and
- medication recording needed to be improved.

QPC have not yet received a copy of an action plan from Westfields following their recent CQC inspection.

2.3 CQC inspected on 28th and 30 June 2016 and identified:

- Medicines refresher training had not been delivered within company timescales for six staff.
- Time in between periods of care and support was called 'downtime'. Staff spent this time in the communal lounge which was empty during both days of inspection. This did not contribute towards improving the quality of people's lives.
- An assistant manager had recently been appointed to the service. They were in the process of applying to be the registered manager.
- Internal audits of the service were limited. The assistant manager demonstrated a commitment to continue making improvements to the service in these areas.
- Supervisions and spot checks on staff practices had slipped in the absence of a registered manager but CQC saw evidence that these had been re-started by the assistant manager.

3.0 Shassab Residential Care Home

3.1 Shassab Residential Care Home is a family-run home which caters for people of different ages from the Asian community, and offers support to people with mental health needs and/or learning disabilities. It can accommodate up to eight people; there were six people living there at the date of the CQC inspection. They each had their own bedroom. There are four bedrooms on the ground floor and four on the first floor. The home has been open for over twenty years.

3.2 The Quality Performance and Compliance (QPC) team have risk rated Shassab as 'amber' (moderate level of risk). The last full monitoring visit took place in March 2016 and the most recent spot visit was in July 2016. QPC found that most actions required from a previous CQC inspection had been completed but the following issues were identified by QPC:

- There were a number of DOLs applications to be made. DOLs (Deprivation of Liberty) agreements are completed where it is independently assessed that it is in the best interests of a resident for their liberty to be restricted in a specific way.
- Mandatory training and refreshers had not taken place. This had been rectified by the July spot visit.

3.3 The CQC inspection took place on 17 and 21 March 2016 and identified:

- There were not enough staff on duty at all times.

- The recording of medicines administered was not always accurate. Cleaning of the home was done by staff, but some of the bedroom furniture appeared in need of cleaning.
- There were no personal emergency evacuation plans, and improvements were needed to infection control.
- Mental capacity assessments were in use and there had been a best interests meeting. However, an application under the Deprivation of Liberty Safeguards that was needed had not been made.
- There had been no staff supervisions for six months.
- Activities were not arranged specifically for each individual. When access to a day centre once a week had stopped no alternative provision had been provided.
- An audit checklist was in use but it did not cover all areas. The auditing of medicines needed to be more effective. Governance needed to be improved and might have prevented the many breaches and areas of improvement found in this inspection.
- Staff meetings were infrequent.

4.0 Brownlow House

4.1 Brownlow House is a residential home based in the Ancoats and Clayton ward. The service has 31 beds and currently doesn't have any vacancies. The home provides support for people living with dementia or a mental health issue and the home works with people who have had a history of abusing alcohol.

4.2 The Quality, Performance and Compliance (QPC) Team have risk rated Brownlow House as amber (moderate level of risk). A full monitoring visit was completed on 8 March 2016 and a spot visit was conducted on 9 June 2016 where issues were identified and actions were set to address these. In response to CQC's inspection, a copy of the action plan required has been requested from the provider and progress against this will be checked on the next visit to the service.

4.3 CQC inspected the service on 13 and 15 July 2016 and found the service overall to require improvement in a number of areas;

- Medicines were not always managed safely. Best practice guidelines were not followed for dating topical creams when opened, two people's 'as required' pain relief medicine were not available and there were missing signatures on the medicine administration record
- Staff did not have time to also arrange regular activities for people to be involved with
- The home was in need of maintenance work and re-decoration. Some work had been completed and some plans were in place; however were taking a long time to be implemented
- New staff had to wait to complete their mandatory training
- Improvements to the service and environment had been slow to be implemented and completed.
- Policies and procedures in use at the service were not dated

5.0 Next Steps

5.1 CQC and QPC continue to exchange information regarding Manchester services and QPC follow up on actions identified through our own monitoring and that of CQC to ensure standards in Manchester services continue to improve.