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Health and Adult Social Care Overview and Scrutiny Committee.

Monday, 5th February, 2024

6.00 pm

Meeting Room A

Blackburn Town Hall

AGENDA

1. **Welcome and Apologies**
2. **Minutes of the last meeting**
Mins H&SC OSC 9th October 2023 **2 - 5**
3. **Declarations of Interest**
DECLARATIONS OF INTEREST FORM **6**
4. **Scrutiny of Care Homes in the Borough**
Scrutiny of Care Homes in the Borough **7 - 12**
5. **Integrated Care Partnership Update**
Claire Richardson, Director of Health and Social Care Integration (Blackburn with Darwen) at NHS Lancashire and South Cumbria ICB will provide an update on progress since the update at the August meeting.

Date Published: 26th January 2024
Denise Park, Chief Executive

Agenda Item 2

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE.

Monday, 9th October 2023

PRESENT – Councillors, Jacquie Slater (Chair) Whittingham, Irfan, Patel S, Humphrys and Shaw.

ALSO IN ATTENDANCE – Mark Warren, Christopher Bradley and Phil Llewellyn.

RESOLUTIONS

12 Welcome and Apologies

The Chair welcomed everyone to the meeting.

Apologies were received from Councillors Harling and Smith.

13 Minutes of the last meeting

The minutes of the meeting held on 7th August 2023 were submitted for approval.

Matters Arising: Chris Bradley advised that Claire Richardson would be providing an update on the usage of Darwen Health Centre soon, and that this would also be covered in the ICP Partnership update at the next meeting in February.

RESOLVED – That the minutes of the meeting held on 7th August 2023 were approved as a correct record and signed by the Chair.

14 Declarations of Interest

RESOLVED – There were no Declarations of Interest received.

15 Care Quality Commission – LA Regulation

Mark Warren presented a report and delivered a supporting presentation which provided an update on the key changes relating to the Regulation of Local Authorities by the Care Quality Commission (CQC) and to provide an update on the local authority's preparations.

In February 2021, the government released its Integration and Innovation Policy paper which introduced a new assurance framework for Adult Social Care and the Integrated Care System. The Care Quality Commission (CQC) had been inspecting registered providers of care for many years and under this policy CQC had acquired a new duty to independently review and assess how Local Authorities were delivering on their Care Act functions.

The focus of CQC inspection was on the legislative framework and how local authorities met their statutory responsibilities. The assurance and inspection process via CQC commenced on 1st April 2023. CQC planned to assess all

local authorities across the country within 2 years and ratings would be published as outstanding, good, requires improvement, or inadequate.

CQC aimed to streamline and simplify their assurance process by creating one single assessment framework against which to assess Health and Social Care. The overarching CQC strategy describes a core ambition of tackling health inequalities and ensuring that people received high quality care and support. The revised CQC strategy had four main themes:

- People and communities: Regulation that is driven by people's needs and experiences, focusing on what is important to people and communities when they access, use and move between services
- Smarter regulation: Smarter, more dynamic and flexible regulation that provides up-to-date and high-quality information and ratings
- Safety through learning: Regulating for stronger safety cultures across health and care, prioritising learning, improvement and collaboration - valuing everyone's perspective
- Accelerating improvement: Enabling health and care services and local systems to access support to help improve the quality of care where it is needed most

The Office for Local Government (OFLOG) is an office of the Department for sought to provide greater transparency and accountability in local authorities' performance by collecting and analysing data in key areas. It would serve as a regulatory body, offer guidance and support to local authorities and give recognition to Councils that performed well. The vision for OFLOG was to provide authoritative and accessible data and analysis about the performance of local government, and to support its improvement.

OFLOG had created a Local Authority Data Explorer Tool, designed to present an overview of LAs performance. Currently the data explorer covered 4 areas of performance:

- Adult Social Care
- Waste management
- Adult skills
- Local authority finance

50% of the indicators initially used to assess the performance of Local Authorities related directly to the Adults and Health Department.

CQC would be assessing all Local Authorities (LAs) with Adult Social Care (ASC) responsibilities on how they carry out their duties under Part 1 of the Care Act. There was a general focus on 4 overarching themes:

1. How local authorities work with people
2. How local authorities provide support
3. How local authorities ensure safety within the system

4. Leadership

BwD Preparation for CQC assessment had been in progress since January 2023. The department had established a small dedicated team to support co-ordination and collation of all activity across the department and the whole Council. Funding for the Quality and Assurance team was agreed from the portfolio underspend in 21/22 however the short term nature of this funding had presented challenges for the recruitment of key roles within the team. The assurance team roles were now being considered as part of the wider restructure of the Finance and Performance function for Adult Social Care and a full structure is expected to be in place within the next 2-3 months. Despite these resourcing challenges the team continued to work with colleagues across the Council to prepare for our assessment.

The Quality Assurance Team have been working closely with subject matter leads, under the 4 topic areas, to collate as much evidence as possible given current knowledge, informed by ADASS recommendations and feedback from the pilot sites. The latest version of the Mosaic software system had also recently been purchased.

The Quality Assurance Team met with subject matter leads on a weekly basis to ensure traction on evidence gathering. There was also a monthly Governance Group which facilitated the official sign off of evidence and highlighted any risks.

The Team been working on completing our self-assessment using the 3-stage approach recommended by ADASS. The first iteration of the self-assessment report was shared for discussion in the CQC Assurance Governance Group on 29/08/2023. From there, further amendments would be made, and a final version shared for sign off. It had been requested that LAs share a copy of their self-assessment with North West ADASS to inform a region-wide analysis of themes and themes.

Within the next two weeks, the next 20 Councils to be inspected would be announced, and it was possible the Council would be within that 20 and given little notice of an inspection.

Members of the Committee asked a number of questions and received responses as summarised below:

Usefulness of Peer Review in April – Mark Warren advised that this had been indeed very helpful, and a number key elements came out of that relating to workgroups selected, the Commissioning and Care Strategy, and IT issues identified. The Peer Review Group would be returning in January to assess progress.

Budget – No specific budget had been allocated, but the Commissioning Team had been strengthened by recycled existing budget funding of £490K, with £150K of this assisting the process underway preparing for the inspection.

Interviews – Members of the Committee could be well be interviewed as part of the inspection process, with potential areas of enquiry relating to experience of using services, raising issues, and complaints would also be

looked at, as well as use of Contract Waivers. The Minutes of relevant scrutiny meetings would also be submitted to the CQC.

Why had it taken so long since 2021 to get to this point? The infrastructure was not in place until recently, and the initial five Councils were assessed between April and September, with the next tranche to be completed by January and the aim was that all LAs would be assessed within two years of the framework being released on 1st April 2023.

Gap between Assessments? This would be every two years, with light touch inspections for LAs who scored highly.

The Committee noted the progress made to date in preparation for the inspection, also noting that the local authority had a good story to tell, but there needed to be a very good evidence base to support this.

After Mark Warren had left the meeting, the Committee discussed the potential score the Council could achieve, it was hoped a reasonable score would be achieved, with continuing work on producing a sound evidence base for future inspections.

The Committee also wanted to know the role of Healthwatch in this process, with Chris Bradley agreeing to get an update for the Committee on this.

Chris Bradley also agreed to ask Mark Warren to advise the Committee of the date for inspection when known,

Finally, the Committee agreed that an update on the inspection at a future meeting was required, but not whilst any inspection and action planning was in progress in order that Officers could focus on the inspection and its outcomes.

RESOLVED - That the report be noted and Mark Warren be thanked for his attendance and honest answers to the questions presented.

16 **Date of Next Meeting**

The next meeting of the Committee would be held on Monday 5th February 2024, where the main agenda item would be:

Scrutiny of Care Homes in the Borough – Task and Finish Group to report back to the Committee to discuss findings.

Signed:

Date:

Chair of the meeting
at which the minutes were confirmed

DECLARATIONS OF INTEREST IN ITEMS ON THIS AGENDA

Members attending a Council, Committee, Board or other meeting with a personal interest in a matter on the Agenda must disclose the existence and nature of the interest and, if it is a Disclosable Pecuniary Interest or an Other Interest under paragraph 16.1 of the Code of Conduct, should leave the meeting during discussion and voting on the item.

Members declaring an interest(s) should complete this form and hand it to the Democratic Services Officer at the commencement of the meeting and declare such an interest at the appropriate point on the agenda.

MEETING: HEALTH AND SOCIAL CARE OSC

DATE: 5TH FEBRUARY 2024

AGENDA ITEM NO.:

DESCRIPTION (BRIEF):

NATURE OF INTEREST:

DISCLOSABLE PECUNIARY/OTHER (delete as appropriate)

SIGNED :

PRINT NAME:

(Paragraphs 8 to 17 of the Code of Conduct for Members of the Council refer)



TO: Health and Social Care Overview & Scrutiny Committee

FROM: Care Homes Task & Finish Group

DATE: 5th February 2024

PORTFOLIOS AFFECTED: All

WARDS AFFECTED: All

TITLE OF REPORT: Scrutiny of Care Homes in the Borough

1. PURPOSE

The purpose of this report is to provide feedback from the visits of the Task and Finish Group to three Care Homes in the Borough, and to request that the Committee consider any potential recommendations.

2. BACKGROUND

Members will recall that one of the chosen Work Programme items for 2023/34 was Scrutiny of Care Homes in the Borough, and a Task and Finish Group was set up, with the membership being Councillors Jacque Slater, Tony Humphrys and Anthony Shaw.

Council officers helped facilitate and arrange the visits and helped select three care homes that were all different in order that Members could see the different types of care offers available in the Borough.

This report summarises the findings of the Task and Finish Group.

3. THE VISITS

The Task and Finish Group visited the following homes in Autumn 2023:

- Thorncliffe
- Eachstep
- Moorland View

Thorncliffe Residential Home – a smaller 28 bed home set in an older converted building. The home is CQC rated good.

Eachstep Nursing and Dementia home – a 64 bed home with provision for nursing and dementia. The building itself is relatively new and set out over several floors to facilitate care for specific client groups. We have been working with the team there over the last few months following a number of different quality issues. They are currently CQC rated 'RI' but have made significant progress and shown improvement under our Quality Assurance scheme action plans.

Moorland View - a 32 bed home providing residential care. It is located in Darwen and is a late Victorian building sitting in one acre of woodland. This home has been supported by the Quality Assurance team in the earlier part of this year with some recommendations for improvement which has seen them move from RI to Good following a nomination made to CQC to inspect this service in March 2023.

4. FINDINGS

The care homes selected provided a good overview of the diverse range of care home provision and quality status within the Borough. The feedback from the Task and Finish Group is detailed below, with a response from Quality, Commissioning and Finance provided to each issue raised.

Thornccliffe

The main concern was the size of the kitchen being very small making it difficult for meals to be prepared properly. It was noted that the owner was proposing extending the home and this would put further pressure on the kitchen. The group would therefore like to know what, if anything, the Council is doing/can do to ensure the kitchen is of adequate size, particularly if the home is extended.

QA/Commissioning Response:

The owner of Thornccliffe advised at the visit that the kitchen is being extended to prepare for the additional residents once the home extension is complete. We understand there is an adjoining wall to the existing kitchen and this wall is to be knocked through, in order to make it one larger space.

The existing kitchen is sufficient in size to meet the needs of the current numbers of residents that live at Thornccliffe.

At a recent follow up visit BwDs Quality and Engagement lead has been shown the space where the planned extension will be and viewed the plans themselves. The kitchen will increase in size by over 50% to account for the planned increase in residents once the home extension is built. The plan is for the works to start on the kitchen in the next couple of months and is expected to take around 3 months to complete. The plan is that the new kitchen space will be fully operational for around 6 months before the work on the extension is complete, so it will be in place well ahead of any increase in resident population.

As a general guide, the kitchen facilities are assessed as part of our QAS Framework to ensure they are fit for purpose and can meet the needs of the residents, including checking that they have a good hygiene rating.

EachStep

The group were impressed by the manager and in particular the manager's open door policy. The group would like to know if there is anything the Council can do to encourage other homes to adopt such a policy.

QA Commissioning Response:

An open door policy is evident in almost all of our homes. This is an area we assess as part of our QAS Framework, quality visits and discussions with staff in the home. The talking points for staff conversations taken from the QAS are listed below including those that would link with having a good relationship with management..

- *How they feel about morale*
- *Do they feel management is approachable*
- *How they feel about their training and development, do they feel they have the knowledge and skills to do their job*
- *Do they feel listened to and valued and how - examples are requested*
- *How they feel about how their wellbeing and Mental Health are supported*
- *How they feel about their workload, do they have enough time with residents*
- *Are they proud to work for their provider, would they recommend their provider?*
- *Knowledge check about key issues? IPC, Safeguarding, understanding of what person-centred means.*
- *How they feel about the quality of care*

*Where feedback from these conversations reflects that an open door policy is **not** the case, managers of the home would be given recommendations to address this as part of their QAS action plan. Additionally, the monthly care sector bulletin, our QA team relationships and the provider forums are all platforms of support that are available to managers where they can access guidance to support them to develop a positive culture in their service.*

One of the residents at EachStep did raise a concern about falling and the group would like assurance that any issues with residents falling at EachStep have been looked into and addressed as needed.

QA/Commissioning Response:

The issue of high number of falls at Each Step had been discussed (prior to the OSC councillor visit) at the monthly combined quality meeting (CQM). The information on falls was highlighted and raised in the quality meeting by Alex Mellor (Care Home Nurse) whom the councillors met during their visit to Each Step. It was discussed at length on the CQM and it was established that Each Step had appropriate risk management plans in place for all residents in relation to their mobility and where required, had equipment in place to minimise the risk of falls, such as mobility aids, sensor mats and appropriate staffing levels to support individual resident needs.

Referrals had been raised where necessary in line with expectation and Each Step were reporting all falls as expected and had escalated and reached out for further input from professionals. Each Step are meeting all expectations in managing falls in the home. Whilst there was a general feeling of concern regarding the higher number of falls which the Care Home Nurse raised with OSC Councillors, there had been no observation of any practice or any information that was of specific concern and the home were escalating issues via appropriate channels.

Following on from discussions at CQM, the FALLS service attended the most recent Provider forum to demonstrate falls equipment and promote the service offer to care homes.

Moorland

The main concern arising from this was the owners concerns about finances following rises in energy costs. The group would like to know what advice and support the Council has provided in relation to this issue.

QA/Commissioning & Finance Response

Following the visit to Moorland the Director was contacted by myself as Head of Service and provided with the opportunity to work in collaboration with the Adults Finance team to resolve a number of issues with finances at the home. This included the provision of advice and support and the ASC Finance team have worked together with the home and resident families to support the recovery of a substantial amount of outstanding debt for the home.

BwD operate payment systems based on NET payment for provider fees. The client contribution for care is assessed by BwD Finance and the value of contribution is netted off the Gross Provider fee, and the provider is required to collect that contribution from individual/family. Finance support with this process is available to all homes at any time. Additionally there is provision within the Residential and Nursing Care Home contract for homes to identify any issues with non-payment of client contribution after a period of 4 weeks and terms which detail the payment of care fees by LA's when providers are unable to recover the contribution.

In terms of the escalating costs and general pressures on care home finances, all providers are able to raise issues and request support directly via the ASC Finance team, provider forums or directly with Service lead/Head of service for this area. Each year the department undertake a review of the provider fees as part of the Council's budget process and this is undertaken in consultation with providers.

The other concern from Moorland was that space was limited with some residents sat in chairs in corridors and some only having access to shared bathrooms. The group would like to know what, if any, standards we expect around space in homes and shared bathrooms.

QA/Commissioning response:

The environment within each home is assessed as part of the QAS Framework and feedback is also sought directly from residents and their families. It is not a requirement for all rooms to have an individual full en-suite bathroom, however all rooms at

Moorland View have their own sink and a number of rooms also have their own toilet. It is predominantly the older wing of the home where the bathrooms are shared.

Shower and bath facilities tend to be in shared bathrooms for many care homes and this is a standard facility particularly in an older building. However there needs to be sufficient number of bathrooms available for the resident population in each home, which again would be addressed in the QAS.

There was also a couple of general issues that came up from multiple owners. The first was around staffing recruitment issues and problems caused by using too much agency staffing. The group would like to know whether we track how much agency staff are being used at different homes.

QA/Commissioning response:

Whilst we do not track agency usage specifically, as it is not reportable data for providers, staffing structure and ratios are assessed as part of the QAS Framework.

Agency usage does not necessarily mean there is cause for concern. If managed robustly and effectively, it can be a good solution to staffing level issues. If identified during a QAS, high agency usage would be an area discussed in more detail to ensure that homes are taking active measures to reduce the agency usage and/or safely manage their current usage. These measures would include but is not limited to:

- *robust induction for agency staff*
- *consistency/using the same agency*
- *requesting the same staff from an agency to ensure familiarity with residents*
- *maintaining positive relationships with the agency to effectively manage any issues*
- *managing the cost implications associated with agency usage etc.*

In response to the feedback around recruitment challenges during the visit to Moorland View, the QA team arranged for Matthew Errington from Skills for Care to present at the provider forum to support providers with their recruitment. This was very well received by providers and provided some useful tools and tips in support of providers.

Providers are regularly signposted to guidance and resources relating to recruitment in the bulletin and providers are also invited to webinars and events regarding recruitment and retention issues, for example - international recruitment run by Skills for Care.

The second was difficulty in accessing dentists for residents and the group wanted to know if there is anything we can do to help address this.

QA/Commissioning Response:

This is a national issue and one that is on the agenda of Health colleagues supporting the Care Sector. The April Care Sector bulletin included an Oral Health feature which included a training offer and the Mouth Care Toolkit. The feature contained sample policies and assessment and care plan templates for a care providing organisation to

use. It also provided links to online training resources. The guide provides information on how to access dental care for clients and clarifies issues around access, payment and transport.

The QA team have also confirmed attendance at the next Provider Forum in January from Gillian Kelly (PH development manager) and Nicky Thompson (Smart Dental Academy - trainer) to present on the oral health training offer for our care homes that they can now deliver in the homes.

The Task and Finish Group would like to thank all the staff and residents it met for their feedback and assistance, and also would like to thank the Council officers involved in setting up the visits, providing information and in helping us prepare this report.

5. NEXT STEPS

The Committee are asked to consider the findings of the Task and Finish Group and consider any recommendations it may wish to make.

Report Version: 1.0

Report Authors: Chris Bradley and Phil Llewellyn

Date: 18th January 2024