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**QUALITY STANDARDS MONITORING OUTCOMES 2018-2019 (YEAR 6)**

**AGREEMENT FOR THE PROVISION OF RESIDENTIAL CARE  
FOR ADULTS AND OLDER PEOPLE AND OLDER PEOPLE WITH  
MENTAL HEALTH PROBLEMS 2013-2019**

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**SUMMARY REPORT**

**Purpose of the Report**

1. The purpose of this report is to inform Adults and Housing Scrutiny Committee of the results of the quality standards visits for 2018 - 2019.

**Background**

2. The current Agreement for the Provision of Residential Care for Adults and Older People with a Mental Health Problem (OPMH) commenced 1 April 2013, and is in place until 31 March 2019 as the Council exercised the option to extend the Agreement for a further 3 years.
3. The Agreement was negotiated with care home providers in 2012. A programme of meetings took place throughout 2012, which looked at the Agreement, Service Specification, Quality Standards, and Fee Levels. These were reviewed in consultation with providers and their comments and feedback were used during the development period.
4. The Contracts Section worked through the service outcomes within the Agreement to produce a set of quality standards (See **Appendix A**). In addition to these standards, each care home has been independently assessed and allocated a grading which is based on environmental standards. In 2012, as part of the negotiations undertaken with providers, the number of quality standards and environmental grades were reviewed and consolidated into 10 quality standards and 3 environmental grades (listed below), which together provide a picture of the standard of care being provided in each home, and determine the fees received by the providers.

**Quality Standards:**

- a. Effective recruitment procedures
- b. Staff development requirements
- c. Social and leisure outcomes
- d. Plans of care requirements
- e. Nutrition
- f. Management of medication

- g. Safeguarding/Whistleblowing/DoLS
- h. Health and safety
- i. Monitoring and quality of service
- j. Clean and safe environment

Environmental grades:

<b>Grading</b>	<b>Environmental Compliance Level</b>	<b>Number of Care Homes</b>
Grade 1	100% compliance	7
Grade 2	75% - 99% compliance	9
Grade 3	55% - 74% compliance	1
Grade 4	Less than 55% compliance	1

5. The Quality Standards process, which forms part of the Agreement, requires two contracts officers to visit all contracted care homes for older people on an annual basis between April and June to monitor the care home against the agreed quality standards. These standards along with the home's environmental grade determine the fee level for the coming year.
6. The level of quality compliance achieved by the Care Home is then graded A - C as outlined in the table below.

<b>GRADING</b>	<b>QUALITY STANDARDS COMPLIANCE LEVEL</b>
Grade A	All 10 standards fully met
Grade B	9 standards fully met
Grade C	8 standards or less fully met

7. During the consultation, providers were also asked to complete a questionnaire on their cost breakdown, and from the financial evaluation it was determined that the formula that had been applied in the previous agreement was still financially sound to reflect the true cost of care. The formula uses the relevant agreed indices from October of each year to review the cost of care in Older Peoples Residential Care.
8. The introduction of the 'National Living Wage' from 1 April 2016 was taken in account when the Council reviewed the rates for 2016/17.
9. The previous agreement did not place any financial penalty on a provider if they breached the agreement. This was reviewed and the Agreement now states *"Where a Contractor is in breach of the Agreement and a suspension of new placements has been placed upon the Care Home during the year the Price payable will be reduced to that of quality standards Grade C from the date of the breach of Agreement letter, and this Price will remain until the breach of Agreement is resolved, and the Contractor has no restrictions on taking new admissions into the Care Home"*.

10. The fee table now contains 12 permutations ranging from 1A to 4C. The numeric grade is based on the environmental standards set in 2006, with the letters A - C being the level of standards achieved. The current table of fees is seen below:

**RESIDENTIAL FEE RATES FOR 2018 - 2019  
APPLICABLE FROM 1 APRIL 2018 - 31 MARCH 2019**

<b>GRADE</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>1</b>	<b>£528.00</b>	<b>£502.00</b>	<b>£475.00</b>
<b>2</b>	<b>£525.00</b>	<b>£499.00</b>	<b>£473.00</b>
<b>3</b>	<b>£501.00</b>	<b>£476.00</b>	<b>£451.00</b>
<b>4</b>	<b>£490.00</b>	<b>£466.00</b>	<b>£441.00</b>

**An additional £20 per bed per week will be paid for Older People with a Mental Health Problem**

**Current Market Position**

11. There are currently 18 care homes signed up to the Agreement. At the outset of the financial year 2018/19 there were 19 care homes however one home went into administration in May 2018 and closed on 22 June 2018, and for the purpose of reporting an up to date position their results have not been included.
12. Following the successful transfer of 29 residents to alternative placements, the occupancy levels across all 18 homes are currently at 83%.
13. The care home closure has resulted in a decrease in the number of beds available within Darlington from 918 to 877, a reduction of 4.5%. As reported last year there remains a shortfall within the availability of nursing beds, and more specifically within nursing OPMH.
14. Last year there was a decrease in the number of homes achieving an A Grade with 9/19 homes achieving an A Grade. Following poor results achieved in 2015 the Contracts Section now undertake announced monitoring visits in November/December to look at how homes have implemented the recommendations made from the feedback given. Each home is given both verbal and written feedback from these visits. In addition the programme of visiting, any new care home manager/regional manager receives a visit from the Contracts Section for one to one sessions regarding how the quality standards process works and to ensure their full understanding of the standards and how they could be met. Managers are also encouraged to contact the team should they have any queries.

**Quality Standards Results 2018/19 - (Ref Chart QS 1)**

- a. 11 Care Homes gained 10 standards
  - b. 2 Care Homes gained 9 standards
  - c. 3 Care Homes gained 7 standards
  - d. 2 Care Homes gained 5 standards
15. The results of the quality standards for 2018 - 2019 demonstrates an improvement in the number of homes who have achieved an A Grade, with 11/18, (61%) achieving an A Grade compared to 9/19, (47%) last year. 5 homes have achieved less than 8

standards which is the same as last year. Individual Quality Standard outcomes have been detailed in **Appendix 2** of this report.

16. Overall 12 homes have maintained the same grade as last year, 4 homes have increased their grading, and 2 have decreased their grading.

Grade	Year 15 -16	Year 16 -17	Year 17 - 18	<b>Year 18 - 19</b>
A	9/21	12/19	9/19	<b>11/18</b>
B	6/21	2/19	5/19	<b>2/18</b>
C	4/21	5/19	5/19	<b>5/18</b>

17. Of the 11 homes achieving A Grade - 8 homes maintained their A Grades from last year, and 3 homes have improved their rating to be an A Grade. 1 previously rated A grade home has decreased their rating to a C grade.
18. Of the 5 homes that were a B Grade last year, 1 home has remained the same, 2 homes have improved their rating to an A Grade, 1 home has decreased their rating, and 1 home has now closed.
19. Of the 5 homes that were a C Grade last year, 3 homes have remained the same, 2 have improved their grading by 1 Grade.
20. Of the 5 homes rated as a C grade this year, 3 homes passed 7 standards, and 2 homes passed 5 standards.

### **Conclusion (Ref Table QS 2 & QS 3)**

21. The overall change in compliance from last year is encouraging in respect of the increase in homes achieving an A Grade. However it is disappointing to note that 3 previously 'C' graded homes have not improved.
22. Contract Officers continue to report that where there have been changes in management, resulting in multiple managers being in a home in any one year, or where there have been significant gaps between managers, standards slip very rapidly, and it is disappointing to see this given the level of support provided by the Contracts Team.
23. Written feedback will be given to providers, and action plans will be required from each home to address all of the shortfalls. The contracts section will monitor The C Graded homes against their outcomes and action plans in November/December 2018.

Yvonne Hall - Service Manager Contracts & Brokerage ext. 5869

## INDIVIDUAL QUALITY STANDARDS OUTCOMES

- a. In relation to the individual standards themselves;
- b. Only 1 of the 10 standards (Nutrition) was achieved 100%.
- c. An improvement has been identified in the number of homes achieving standards 1, 3, 4, 5, & 7.
- d. A reduction has been identified in the number of homes achieving standards 2, & 6.
- e. The same level of compliance has been identified with standards 8, 9, & 10.
- f. 6 care homes have failed standards they failed last year.

### **Standard 1 - Effective recruitment procedures.**

This standard looks at staff recruitment processes, reference & DBS checks, and induction process including the completion of the Care Certificate within 12 weeks of start date. (The officers check the files of staff who have been recruited in the 12 - 18 months).

5 homes failed this standard compared to 7 last year.

The homes that failed this standard had either no evidence or insufficient evidence to demonstrate that staff had commenced and completed the Care Certificate within the recommended 12 week timeframe. Some homes had made no checks in relation to staff that came with an NVQ qualification to determine that they were competent in all areas of the Care Certificate. This can easily be achieved by applying the self-assessment toolkit Skills for Care recommend.

In addition to this, there were anomalies identified in respect of recruitment checks such as references from previous employers, and a lack of training needs assessments.

### **Standard 2 - Staff Development Requirements.**

This standard looks at training and development, including staff members having a learning and development plan, 75% of staff having NVQ qualifications, bi-monthly staff supervisions and annual appraisals.

4 homes failed this standard which is an increase since last year.

The common shortfall in this standard remains the same as in previous years, in relation to the staff having no learning and development plans, and an inadequate number of supervisions. 1 home did not have the required number of staff trained to NVQ level 2 or above.

Since last year's visits 3 of the 4 homes have had a change in management, and from experience this is one of the first areas to suffer when there are management changes in the home.

### **Standard 3 - Social and Leisure Outcomes.**

This standard looks at social activities, a dedicated activity co-ordinator role in the home, social and leisure outcomes for residents, including resident's involvement in care planning and risk assessment.

1 home failed this standard, compared to 2 last year.

#### **Standard 4 - Plan of Care Requirements.**

This standard looks at key workers, risk assessments, care plans, and the requirement for a pre assessment of needs followed by full assessment of the residents need being completed within 48 hrs of admission. Care plans for physical, mental health, social, emotional needs are required to be completed within 72 hours of admission & reviewed monthly as a minimum.

1 home failed this standard, compared to 3 last year.

The home did not have any record of pre-admission assessments for 4 of the residents.

Care plans had been completed within the 72 hour timescale for 4 of the 9 individuals, some had been completed outside of this timescale however the care plans for 1 resident who had been admitted on 14/05/18 did not have completed information until over a week later. There was a care plan audit on file dated 17/05/2018 which stated that all actions were to be completed within 72 hours, which was clearly not the case. In addition there was an inconsistent approach in relation to the timescales for the completion of risk assessments.

There was a care plan audit process in place but there was not much evidence on file to show that many had been completed since February 2018.

It was also noted that there had been a change in management of the home in the first 6 months of this year, and a reorganisation of senior management posts.

#### **Standard 5 - Nutrition.**

All homes passed this standard.

This standard is monitored by the Focus on Under Nutrition team (FoUN), who has provided training and support to care homes on this initiative. They visit each home annually and if they meet the requirements of FoUN the home is given a certificate. If they do not meet the required standards the home will not be issued with a certificate until it does.

#### **Standard 6 - Management of Medication.**

This standard looks at the Policies and Procedures for medication management in the home, and that these correspond with the medication system the home adopts. This includes six-monthly competency checks for all staff who undertake medication administration, reviewing residents who are on anti-psychotic drugs, staff signature checks, and clear identifiable information on the Medication Administration Records (MAR) for each resident.

5 homes failed this standard, 4 more than last year.

The common failure in this standard across all 5 homes is in relation to competency checks for staff responsible for administering medication. None of the homes had undertaken the required number of competency checks. 2 homes had revised company

policies that required annual competency checks, however the requirement for 6 monthly checks has been an integral part of this standard since the contract commenced.

In addition it was also observed that;

- a. 1 home, staff had not had any annual refresher training on the Boots monitored dosage system (MDS) system that the home use since 2016.
- b. 1 home had changed pharmacy supplier from Boots to Averroes and there was no evidence that staff had undertaken training in relation to the Averroes system of drug management.
- c. 1 home did not have relevant care plans in place for the management of anti-psychotic drugs.

### **Standard 7 - Safeguarding & Whistleblowing.**

This standard looks at training in respect of adult safeguarding at both level 1 and Level 2, Mental Capacity Act (MCA) and Deprivation of Liberty's (DoLS) training and how the home manages safeguarding.

1 home failed this standard, compared to 2 last year.

Records indicated that only 61% of staff had received Level 1 safeguarding training. No-one had received Level 2 safeguarding training, although the manager and deputy were booked on a course following the visit, however the manager had been in post since Sept 2017. There was also a shortfall in the numbers of staff trained in the MCA and DoLS. Of the residents' files examined 50% did not have the safeguarding threshold document in place.

### **Standard 8 - Health & Safety.**

This standard looks at Health & Safety (H&S), risk assessments, action plans for heat wave, cold weather and business continuity, H&S training, moving and handling training, food hygiene, safeguarding. It also includes inspection reports & service checks in respect of fire, gas and electric, water, food hygiene, and service records for lifting equipment.

2 homes failed this standard, which is the same as last year. Neither of the homes that have failed this year, had failed last year.

The reasons that homes have failed to meet this standard varied across the 2 homes;

- a. 1 home had undertaken a fire risk assessment, with the result showing a moderate rating, however there was no information available to confirm the completion of the actions identified. Evidence provided showed that 'costings had been requested'. In addition the emergency lighting had not been tested since January 2018.
- b. 1 home had not been recording water temperatures weekly on a number of occasions, and fire drills had not been taking place as the maintenance person had not undertaken fire safety training. A business continuity plan was in place but no evidence that it had been tested or reviewed.

N.B. All of the above have been raised with the respective homes to action at the end of the visit.

## **Standard 9 - Monitoring & Quality of Service.**

This standard looks at customer satisfaction, stakeholder feedback, audit checks, comments and complaints, and staff misconduct investigations.

1 home failed this standard, which is the same number as last year, however it is a different home that failed.

The home demonstrated;

- a. No evidence of feedback from families and friends.
- b. Stakeholder feedback was available but there was minimal input and it was not dated.
- c. No evidence of how the home completed the National Minimum Data Set (NMDS).
- d. No action plan from the recent CQC inspection where they were rated as 'requires improvement'. The report was published in March 2018.
- e. There was evidence of audits having taken place however there was a lack of evidence regarding actions required, and who was responsible for these along with timescales.

## **Standard 10 - Clean and safe environment.**

This standard looks at the recruitment, induction, supervision and appraisals for ancillary staff, cleaning plans and records in respect of deep cleaning, and the quality and quantity of furnishings, bedding, and towels.

1 home failed this standard, which is the same number as last year, however it is a different home that failed.

The home demonstrated;

- a. A lack of supervision and induction plans for cleaning staff.
- b. Staff supervision records highlighted a common theme regarding staff feeling they did not have enough time to complete all of the tasks. During feedback it was identified that the domestic hours had been reduced but had now been increased.
- c. Cleaning plans in place for staff to complete, however records showed some areas had not been cleaned daily as per schedule.
- d. During a walk round the officers noted crumbs/debris on the floors and some malodour present. 1 toilet was out of use, and the staff toilet bin was overflowing onto the floor.