

**REPORT TO:** Health Policy & Performance Board  
**DATE:** 26<sup>th</sup> November 2019  
**REPORTING OFFICER:** Director Adult of Social Services  
**PORTFOLIO:** Children, Education & Social Care  
**SUBJECT:** Care Home and Domiciliary Care Update  
**WARD(S)** Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 To update the Board and highlight key issues with respect to quality in local Care Homes and Domiciliary Care.

2.0 **RECOMMENDATION: That the report be noted.**

## 3.0 SUPPORTING INFORMATION

3.1 It is a key priority for Halton Borough Council to ensure the provision of a range of good quality services to support Adults requiring commissioned care in the Borough. The Care Act 2014 has put this on a statutory footing through a choice of diverse high quality services that promote wellbeing.

3.2 The care home market in Halton consists of 25 registered care homes which provide 760 beds operated by 14 different providers. The capacity within the care homes ranges from homes with 66 beds to smaller independent homes with 6 beds.

3.3 The Local Authority has now purchased an additional 2 care homes in October from the private sector taking it to 4 Council owned care homes within Halton: Madeline McKenna, Millbrow, St Luke's, and St Patrick's the total amount of HBC beds now equates to 163.

3.4 Domiciliary care is commissioned by one lead provider who is working closely with the council to transform provision utilising a Reablement first model. They have a sub contractual arrangement with one other local agency.

3.5 Direct Payment offers choice of provision with a register of over 30 other organisations experienced in providing a range of services.

3.7 The Care Quality Commission (CQC) is responsible for the registration, inspection and assessment of all registered providers. However, the Care Act 2014 places the duty of securing the quality of care in Halton on the Council itself.

3.8 The CQC assessment process enables all registered care providers to be classified into one of four categories following an appraisal which asks 5 key questions:

- Is the service safe?

- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

3.9 The four award categories are:

- Inadequate
- Requires improvement
- Good
- Outstanding

3.10 The results of all CQC inspections are published online, including the rating awarded. CQC undertake inspections at the following frequencies subject to ongoing assessment of risk;

- Services rated as good or outstanding within 30 months
- Services rated as requires improvement within 12 months
- Services rated as inadequate within 6 months
- Newly registered services 6 – 12 months from registration

NW ADASS now publish a series of dashboards which summarises the CQC quality ratings for Care Homes and Community providers of Adult Social Care in the North West. It allows a comparison across the region and highlights key themes and trends in respect of Halton.

In Halton the smaller family run residential homes perform better than the larger national nursing homes.

Halton performs above the sub regional average for care homes in the categories of good and outstanding.

Halton has no inadequate care homes in the Borough.

There has been a reduction in the number of care homes without a Registered Manager in post.

The figures for good or outstanding community based providers within Halton includes all domiciliary care providers within the Borough even though HBC only contract with one provider.

3.11 The Quality Assurance Team gathers intelligence and information on Providers via quality and contract performance monitoring; this includes “soft intelligence” from key stakeholders and review of the latest CQC report. This information is then used during regular monitoring visits which are announced and unannounced.

3.12 The team also operate an early warning system, which includes; Provider self-assessment, Quality Dashboard, Provider Feedback analysis and Electronic Care Monitoring (Domiciliary Care).

- Services rated as good receive a minimum of two announced and one

unannounced visit

- Services rated as adequate receive a minimum of three announced and one unannounced visit
- Services rated as inadequate receive a minimum of four visits and a programme of proportionate and planned support from a range of professionals who meet regularly.

### 3.13 CARE HOMES

For Quarter 2 the Quality Assurance Team and CQC care home ratings are;

HBC Rating Oct19		CQC Rating 18/19 Q2	
Green	20	Good	21
Amber	4	Requires Improvement	4
Red	1	Inadequate	0

3.14 One of the local care homes has introduced an initiative where staff and managers are wearing uniforms that look like pyjamas during night shifts which help dementia patients realise that it is night-time and time for bed. They have reported that the home has seen a drastic improvement in sleep patterns and the initiative has gained national attention and focus.

3.15 Some common themes across care homes have been identified as:

- Poor leadership and governance
- Recruitment and retention
- Low staffing levels and staff culture
- Medication management
- Reporting notifiable incidents

### 3.16 DOMICILIARY CARE

The Quality Assurance Team and CQC domiciliary care provider rating is;

HBC Rating Oct 19		CQC Rating Oct 19	
Green	0	Good	0
Amber	1	Requires Improvement	1
Red	0	Inadequate	0

The Council currently have 1 contracted provider who covers Runcorn and Widnes and they sub-contract to 1 provider who also cover Runcorn which are rated by CQC as good. These agencies provide approximately 520 people with commissioned packages of care.

3.17 The main domiciliary care provider has purchased 10 bicycles to support non driving staff to commute between visits which will provide better outcomes for people.

3.18 Some common pressures across the domiciliary care sector:

- Recruitment and retention/rota management – a workforce strategy is in

- development with Skills for Care
- Medication management – HCCG are leading on a project to improve systems and quality of medication management
- Rota management

#### 4.0 **POLICY IMPLICATIONS**

4.1 None identified

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified

#### 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### 6.1 **Children & Young People in Halton**

Halton's Safeguarding Adults Board (HSAB) membership includes a Manager from Children and Enterprise Directorate, as a link to the Local Safeguarding Children Board. Halton Safeguarding Children Board membership includes adult social care representation. Joint protocols exist between Council services for adults and children.

The HSAB chair and sub group chairs ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

##### 6.2 **Employment, Learning & Skills in Halton**

None identified

##### 6.3 **A Healthy Halton**

The safeguarding of adults whose circumstances make them vulnerable to abuse is fundamental to their health and wellbeing. People are likely to be more vulnerable when they experience ill health.

##### 6.4 **A Safer Halton**

None identified

##### 6.5 **Halton's Urban Renewal**

None identified

#### 7.0 **RISK ANALYSIS**

7.1 Failure to consider and address the statutory duty of the Local Authority could expose individuals to abuse and the Council as the Statutory Body vulnerable to complaint, criticism and potential litigation.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 It is essential that the Council addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans. Policies and procedures relating to safeguarding adults are impact assessed with regard to equality.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.