

REPORT TO: Health Policy & Performance Board

DATE: 28th September 2021

REPORTING OFFICER: Strategic Director - People

PORTFOLIO: Health & Wellbeing

SUBJECT: Quality Assurance in Care Homes and Domiciliary Care in Halton

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board and highlight key issues with respect to Quality Assurance in 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 requiring a choice of diverse high quality services that promote wellbeing.

3.2 CURRENT SECTOR

The care home market in Halton consists of 24 registered care homes which provide 741 beds operated by 11 different providers. The bed capacity within the care homes ranges from homes with 66 beds to smaller specialist homes.

3.3 The local authority is now the largest provider of older people's care beds in the Borough supporting 163 beds and 26% of the sector.

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.

3.6 QUALITY ASSURANCES

During the pandemic both CQC and Halton's Quality Assurance Team have had to amend the way that they support the sector undertaking a risk assessment approach and alternative arrangements for assessing and monitoring and only 'crossing the threshold' in relation to serious safeguarding issues. This has significantly reduced the intelligence and notifications received by the services and therefore has an impact on reporting of ratings too. However, the Quality Assurance team have now started to undertake safe and well visits and CQC have resumed their inspection activities.

3.7 Care Home Ratings

HBC Rating July 21		CQC Rating July 21	
Green	22	Good	21
Amber	1	Requires Improvement	3
Red	1	Inadequate	0

3.8 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.
- Halton has no care homes that have suspended placements

3.9 Domiciliary Care

HBC Rating July 20		CQC Rating July 20	
Green	1	Good	1
Amber	0	Requires Improvement	0
Red	0	Inadequate	0

3.10 The Council currently have 1 contracted provider (Premier Care) who covers Runcorn and Widnes and they sub-contract to 1 provider (ICare) who operates in Runcorn. 521 people currently receive directly commissioned packages of care within Halton, which equates to over 5000 hours per week. This represents an increase of 8% to pre pandemic figures.

3.11 SUSTAINABILITY OF THE CARE SECTOR

The impact of the pandemic on the care home sector has been significant. Care homes are struggling with a large number of vacancies which is affecting their financial sustainability. The highest number of vacancies are in the residential and residential dementia sector of the market. Trends indicate that people prefer to remain in their homes, which is reflected in demand within the domiciliary care sector.

- 3.12 Staffing across the sector also remains an issue with recruitment and retention now being affected by the resumption of activity in the wider economy.
- 3.13 Quality in the Care Home Sector is a key priority for Halton and as such is supported by the Care Home Development Project Group. Under the shared vision of achieving ‘Outstanding care for all individuals who use bed-based services’ the project work brings together health, social care, commissioned providers and stakeholder representation across the communities of Halton. It aims to replicate best practice, introduce and embed effective integrated working practices, pioneer innovative, and achieve market sustainability through shared goals and accountability. The group is supported by 7 work streams who work to deliver the vision and provides a robust framework to co-ordinate activity across the sector.
- 3.14 In domiciliary care work has recommenced to improve the quality of provision. This will initially focus on developing a trusted assessor approach that enables a more rapid increase or reduction in the level of care provided based on the needs of an individual. This model has been successfully adopted in a number of areas within Cheshire and Merseyside. Pay rates and other terms and conditions have improved in the commissioned domiciliary sector and further work is being undertaken to improve these further. Table 1 shows rates of pay compared to the living and ‘real’ living wage. Both Premier Care and ICare pay travel time, petrol and enhanced hourly rates for weekend and bank holiday working. Premier also provides pool cars for use by staff.

TABLE 1

Living Wage	Real Living Wage	Premier Care	ICare
£8.91 per hour	£9.50 per hour	£9.50 per hour	£9.00 per hour (increase to £9.75 from September 2021)

3.15 LESSONS LEARNED

The ‘Lessons Learned’ approach was an initiative facilitated by Halton Borough Council following the first 12 months of the Covid19 pandemic. It involved multi-agency meetings with bed-based adult social care provision in Halton to reflect on the experiences and challenges faced over the past year. Meetings were conducting during Feb to April 2021 and settings were asked to consider the impact of outbreaks, their observations of changes and developments, what difficulties they have come up against, what best practice approaches have been embedded and which ways of working are here to stay.

Meetings were primarily held with between service Registered Managers,

representatives from Halton Borough Council and Infection Prevention and Control. They looked at working practice within the settings and the relationships between partner agencies.

Findings were shared in a series of case studies, which all took account of what learning could be passed on to others.

Conclusions guided by responses:

- Requirements have changed rapidly and the initial unknowns have now been addresses. Homes are now in a position to feel much more stable about dealing with any future resurgences of the virus or other outbreaks. This has result in a call for consistency in policy and, going forward, change only where needed.
- The pandemic has highlighted funding shortfalls for Adult Social Care and the need for legislative reform which secures sufficient, and consistently long-term resources for the sector. This includes consideration of demographic need and local market position, which needs to take precedent over overarching Local Authority area population figures.
- A deficit in parity of status and pay, compared to NHS colleagues, has also been brought into focus. The adult social care workforce needs to be valued and the sector needs to be appropriately resourced.
- Social contact and interaction with the community is an important part of care home life. Having not been able to go out in their local communities care homes have worked to make alternative links where possible. National emphasis needs to be placed on recognition that care homes are part of a wider community.
- Investment in new technologies needs to consider care needs but also the social needs of residents.
- The closer multi-agency relationships built have been vital to homes managing during the pandemic. These need to be nurtured and support need to continue in a flexible and accessible way.
- Adult social care is a people-centric industry and the workforce who deliver services need to be recognised and celebrated in their own right. The pandemic has taken a significant toll on care staff and their ongoing wellbeing is paramount to the continuity of service delivery.

HOME FIRST APPROACH

- 3.16 During 2020/21, significantly more people have received interventions in their own homes with reductions in length of stay in short-term bed based and community Reablement services. This has been achieved through the

focused work of all staff, temporary changes in capacity in long term services (notably the block purchase of 500 hours of domiciliary care since February 2020), simplified processes for hospital discharge, focused multi-disciplinary / multi-agency work to improve pathways through short term services utilizing nationally endorsed models (ECIST et al) concentrated on day to day caseload management.

The Reablement service increased the number of people in receipt of a service by 143% during 2020/21. Again, this was achieved through a significant reduction on length of stay significantly impacted by the increase in domiciliary care provision

4.0 POLICY IMPLICATIONS

4.1 None identified at present

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified at present

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

There are no implications for Children and Young People arising from this report

6.2 Employment, Learning & Skills in Halton

None Identified at present

6.3 A Healthy Halton

There are no implications for a Healthy Halton arising from this report

6.4 A Safer Halton

None identified at present

6.5 Halton's Urban Renewal

None identified at present

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 policies and plans.

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

None under the meaning of the Act.