

Adult Social Care and Support Services Annual Quality Report 2015/16

Introduction

It is a key priority for Norfolk County Council (the Council) to ensure the availability of social care and support services which adults in Norfolk may need to meet their needs and to help them to live as independent a life as possible. The Care Act has put this on a statutory footing through new duties regarding the promotion of the effective and efficient operation of the care market in which there must be a choice of diverse high quality services that promote wellbeing.

In January 2015, and before the Care Act came into force, the Council decided that it needed to develop and implement a revised quality framework to support the achievement of its priorities for adults requiring care and support and to evidence the proper discharge of its new Care Act duties.

The implementation of the framework provides the Council with an evidence based comprehensive quality baseline which can inform targeted and effective interventions where they are needed.

The Quality Framework

The new quality framework itself is a published document and can be accessed through the following link www.norfolk.gov.uk/careproviders. The framework is based on a set of principles which are set out below:

- Supports a whole systems approach to promoting individual wellbeing and independence
- Supports the development and implementation of quality standards that set out what good looks like
- Sets out how high quality care provision will be secured from the market
- Sets out how provider performance will be monitored and how the effective and efficient operation of the market will be promoted
- Sets out governance, review and oversight arrangements that will enable the Council
 to judge the extent to which it is discharging its responsibilities properly

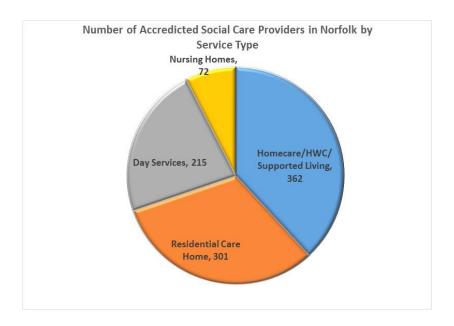
At the heart of the framework is the development of a systematic approach to quality assurance involving standard setting, securing quality, monitoring quality and intervention and finally governance, review and reporting.

The Care Market in Norfolk

The care market in Norfolk is large and complex providing a vast range of services to thousands of adults whose needs vary significantly and whose expectations as to quality and choice continue to rise. (For a comprehensive overview of this market please refer to the Council's Market Position Statement 2016).

The Council currently invests over £260m annually in this market to support more than 15,000 adults mainly through contracts with almost a thousand different care providers most of whom are independent businesses. The diagram below shows how many accredited providers there are in each of the main sectors of the market. Even this, however, is not the full picture as there are increasing numbers of personal care providers directly employed by individuals using direct payments from personal budgets. Critically the market is also

supported by more than 94,000 unpaid carers supplying care to loved ones valued at over £500m.



Setting standards and assessing quality

The quality framework begins with standards of quality. The starting point is the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which include regulations which are the fundamental standards of care below which no registered provider should fall. (Not all providers are required to register as they may not carry out regulated activities. For example providers in all the care sectors in the diagram above have to be registered except day services).

The Care Quality Commission (CQC) is responsible for the registration, inspection and assessment of all registered providers. It is important to understand, however, that the Care Act 2014 places the duty of securing the quality of care in Norfolk on the Council itself.

The CQC assessment process is a relatively recent development and is intended to enable all registered care providers to be classified into one of four categories following an appraisal which asks five key questions:

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

The four categories are:

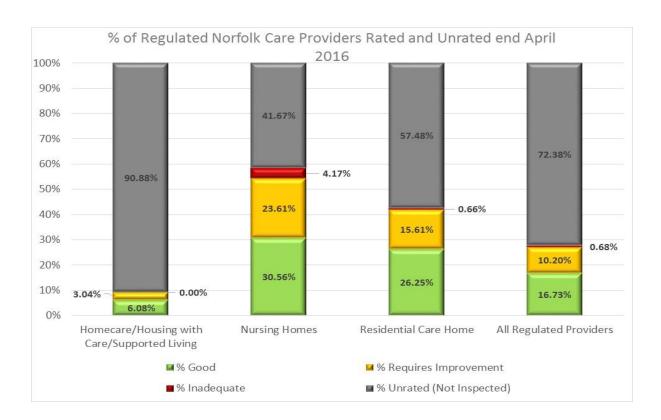
- Inadequate
- Requires improvement
- Good
- Outstanding

The results of all CQC inspections are published in reports that include the rating awarded. The reports can, however, take many months to be published as a thorough due diligence

process has to be undertaken prior to publication. This often means that by the time the report is published the provider (with appropriate support and intervention from the local authority) may have already corrected some or all of the deficiencies discovered at the time of the inspection.

How are we doing in Norfolk?

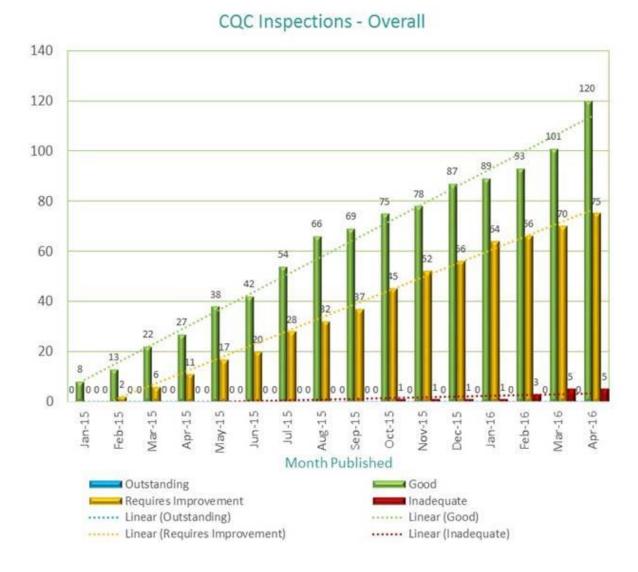
As at 30 April 2016 200 registered providers in Norfolk had been inspected and rated. The diagram below shows the extent of the inspections carried out by CQC by care sector and the proportions of ratings awarded in each category.



It can be seen that large numbers of registered providers (over 72%) have yet to be inspected and assessed for the first time. The focus appears to have been on care homes rather than home care and this has been a pattern repeated in other local authority areas. In addition the CQC have stated that their inspections have, to date, targeted providers who they believed presented the greater risk of failing to meet the fundamental standards.

Whilst the majority of providers rated thus far are rated as "good" in each sector there are significant numbers rated as "requires improvement" and some providers rated as "inadequate".

The diagram below shows the numbers of providers in Norfolk assessed by CQC and their rating since inspections began.

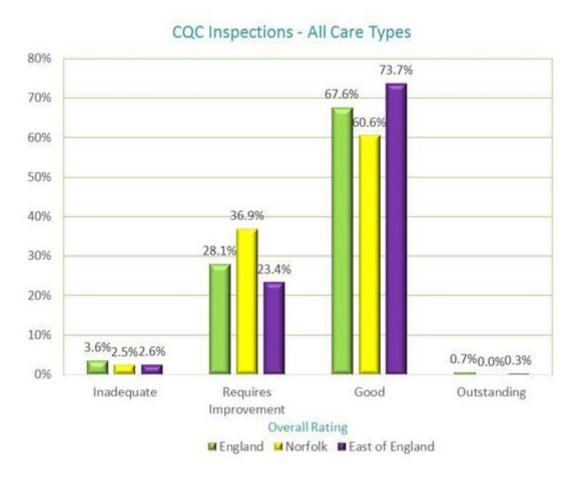


The diagram shows that 60% of providers rated thus far are rated as "good" but 37.5% are rated as "requires improvement".

Subject to the health warning regarding improvements that may have been made after initial inspections and the focus on providers thought to present as higher risk this clearly indicates a need for significant improvement.

How do we compare with other local authorities?

To gain a better sense of how providers are doing in Norfolk the results need to be seen in the context of assessments of providers elsewhere. The diagram below shows the average ratings of providers in other local authorities in the east of England as well the all England averages.



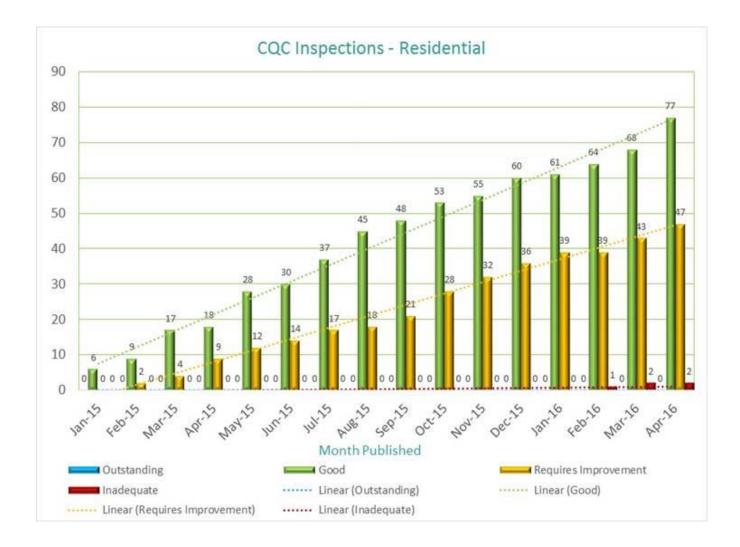
Although the proportion of providers rated "inadequate" is lower than both the east of England and all England averages, Norfolk has the lowest proportion of providers rated "good" and the highest proportion of providers rated "requires improvement". There are no providers rated as "outstanding" in Norfolk although this is typical of all other areas.

It is interesting to note that at this stage of the assessment regime all of the smaller unitary authorities in the eastern region are doing better than the larger shire counties. This may simply be a function of the overall size of the care market in different sized local authorities.

Does quality vary in different sectors of the market?

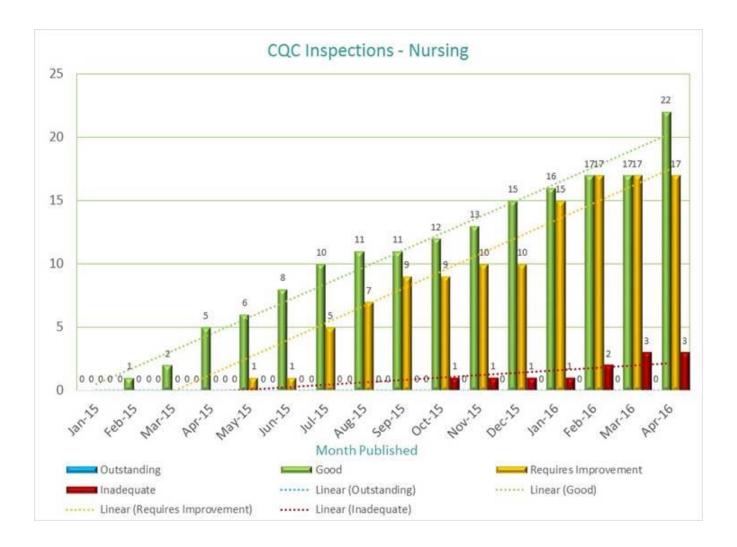
In order to be able to intervene as effectively as possible to improve quality a more detailed understanding of where the weaknesses are is needed. The following diagrams provide the same ratings data by market sector.

Residential Care



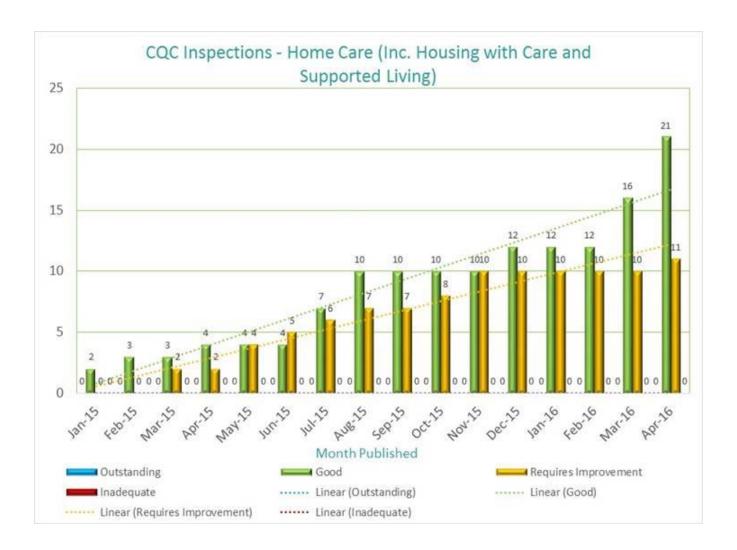
In the case of residential care a little over 61% of providers out of 126 are rated as "good" with a little over 37% rated as "requires improvement" and two homes were rated as "inadequate"

Nursing Care



In the case of nursing care a little over 52% out of 42 homes assessed were rated as "good" with just over 40% rated as "requires improvement" with three homes being rated "inadequate"

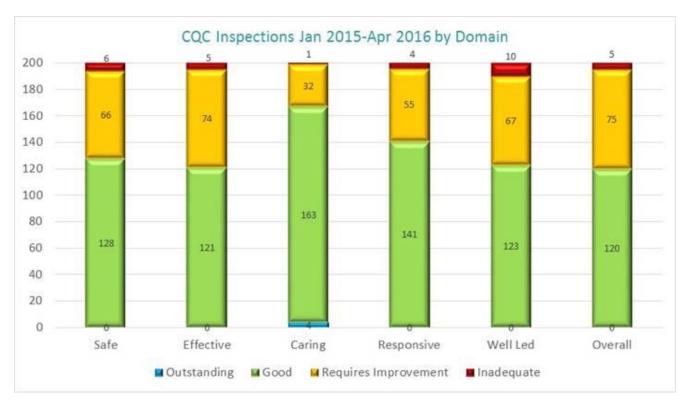
Home Care and housing related services



In the case of home care and housing related providers just under 66% of providers out of a total of 32 are rated as "good" with the remainder rated as "requires improvement".

Are providers stronger in some areas and weaker in others?

Ratings are given for each of the five inspection domains which collectively result in the overall assessment of performance. The following diagram shows how providers in Norfolk were rated against the five domains



This analysis shows that on average all providers score well in the "caring" domain. This seems to be a reflection of the behaviour of front line carers. Providers do less well in both the "effective" and "well led" domains. This suggests that leadership and management are weaker areas on average for providers. The CQC themselves have in particular highlighted leadership as a key concern.

Unregulated services including day services

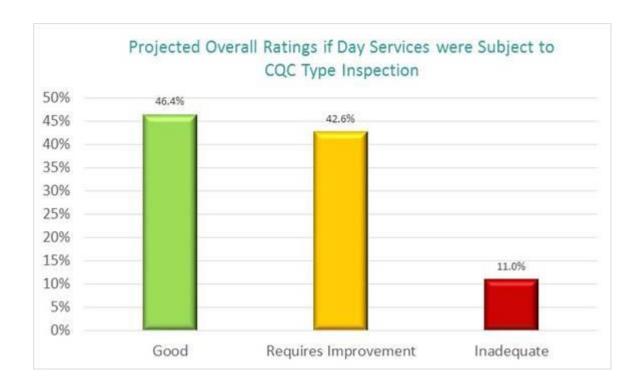
Some care providers are not required to be registered by the CQC. This means that they will not receive any inspections by the CQC or be rated within the assessment regime. The vast majority of providers with whom the Council has contracts for care and support services who are not required to be registered with the CQC are in the day services sector. There are currently 215 accredited day services providers in Norfolk supporting adults of all ages providing services ranging from lunch clubs to intensive support to adults with learning disabilities.

These providers must nevertheless be accredited and pass the Council's own accreditation thresholds before they can be awarded care or support contracts. Providers in this sector are regularly inspected and the intelligence from these inspections together with other intelligence such as safeguarding concerns is used to target providers who need help to meet our quality expectations.

The Council is developing its own comprehensive risk assessment scheme that enables it to rank all providers by the risk they present of providing unacceptable quality of services. The system ranks providers into five categories of risk: very high, high, medium, low and very low.

In broad terms providers ranked as very high or high risk can be equated to inadequate or requires improvement respectively

The table below shows our current assessment of quality of day services expressed in terms of CQC equivalent ratings



Completing the quality picture

The CQC assessments provide important intelligence to help the Council to understand the quality of care in Norfolk and to target its resources to secure quality. Like all inspections however they can only paint part of the picture at a moment in time.

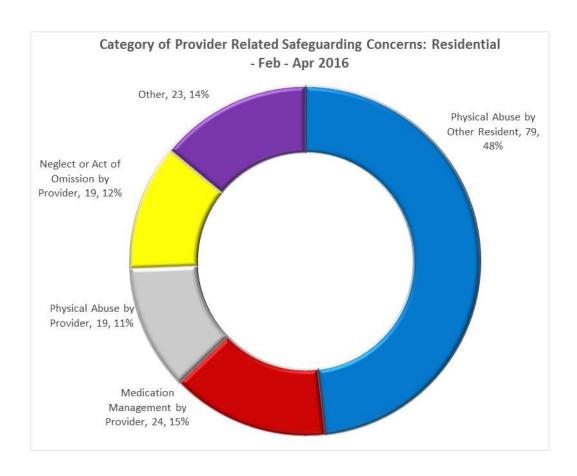
Providers giving rise to safeguarding concerns

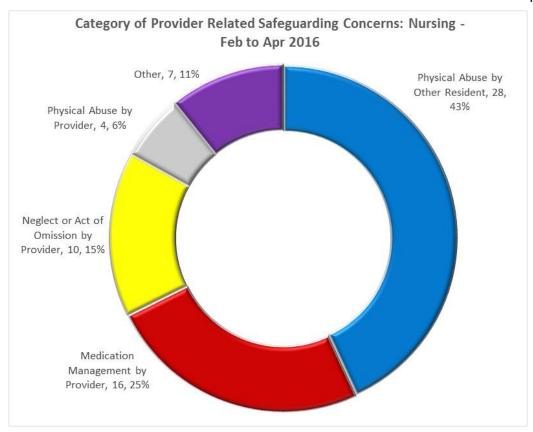
The safety of people in the care of providers is of paramount importance to the Council and adult safeguarding has been placed on a statutory footing by the Care Act. Safeguarding concerns provide a valuable insight into care quality when the evidence points to possible failings by care providers as the cause or a contributory factor.

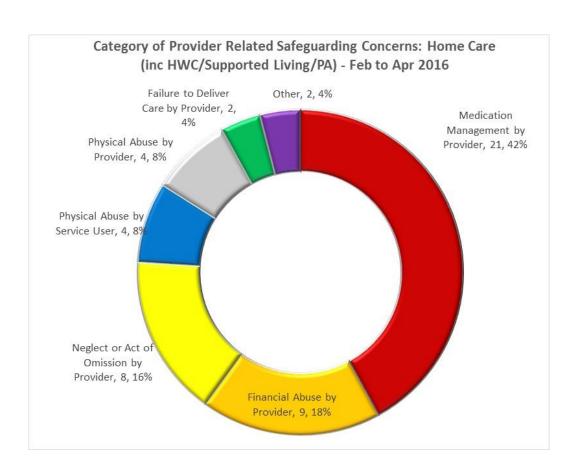
The table below shows the number of concerns raised in the last year involving providers of care.

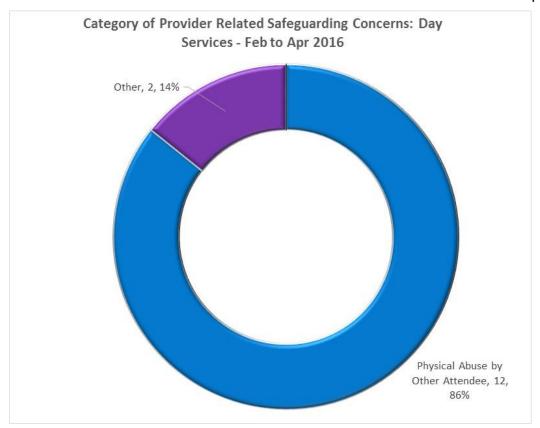


The following diagrams show the prevalence of different types of safeguarding concern regarding care providers by sector:









These diagrams demonstrate the diversity and complexity of the issues that contribute to poor quality care and also reveal that:

- Incidents of physical assault between service users are most frequent in residential, nursing care and day services
- Medication errors are most frequent in home care but also common in residential and nursing care
- Neglect is common in all provider types apart from day services
- Financial abuse of service users occurs most in homecare
- Physical abuse of residents by care staff occurs most in residential homes but is noticeable in nursing homes and homecare

What steps have been taken to secure quality?

Securing quality is the key task of the local authority and the quality framework requires appropriate and effective interventions to be made by the Council in the event of providers failing to deliver quality care. The starting point is a clear understanding of provider performance so that interventions can be targeted and effective.

Quality dashboards

In the quality framework we committed to using some of the additional investment agreed by the committee in information technology and analytics capability so that we could produce quality dashboards that would help the quality team target its resources. The dashboards would bring together for the first time all the available intelligence about provider quality including CQC ratings.

This was a significant challenge and undertaking but the quality team have succeeded in developing and publishing 85 dashboards at the time of writing including monthly dashboards

for each of the five geographical localities and a countywide dashboard for consideration by senior operational and commissioning officers.

Not only do the dashboards help the quality team target its interventions they are also used by the team to support their work with operational and commissioning colleagues to support a better understanding of what level of quality is being secured in the market at both county and local level. This helps commissioners to support their engagement with providers and operational social care staff in selecting providers with whom service users can be safely placed.

The Clinical Commissioning Groups (CCGs) also employ significant numbers of staff whose purpose is to secure quality services from providers with whom they have contracts. The Council often has separate contracts with the same providers and it is clearly important that colleagues with responsibility for quality are able to understand how these shared providers are performing. To that end the Council has made its dashboards available to all five CCGs covering Norfolk. In addition the quality team has regular contact with quality colleagues in the CCGs to ensure that we have as joined up an approach to securing quality as possible.

The quality team has also worked closely with Public Health colleagues both on data analysis and in particular infection control staff who carry out inspections of providers including care homes. The dashboards include the results of all of these inspections.

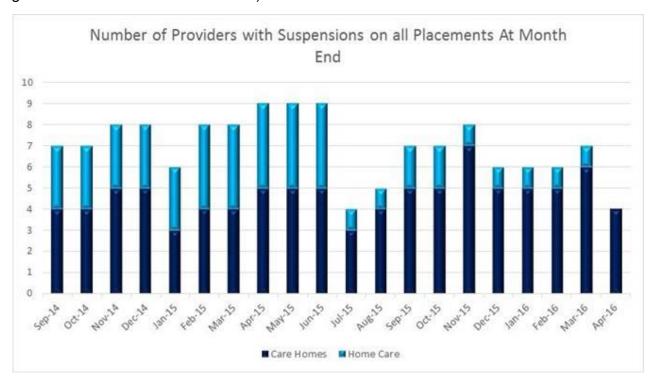
Providers rated as "inadequate" by CQC

An "inadequate" rating generally means that urgent action is needed to secure compliance with the fundamental standards and often includes a requirement on the provider to develop an action plan whose implementation will be monitored by CQC. This requires close working with the local authority concerned as the body responsible for securing the quality of services in its area.

Providers giving rise to other serious concerns

The team uses all available intelligence to target providers presenting higher risk including in particular complaints which are always investigated. Interventions can vary from a simple visit and advice to protracted investigation and close monitoring sometimes on a daily basis over many months.

The table below shows the number and type of providers subject to suspended service placements. (These include CQC rated "inadequate" providers since the new assessment regime commenced in October 2014)



Providers rated by CQC as "requires improvement"

A "requires improvement" rating generally means that there are partial failures in one or perhaps two of the five assessment domains covered by the CQC inspection. The extent to which improvements are required according to CQC inspection reports for providers rated as "requires improvement" varies considerably from a number of improvements required in a single domain to numerous improvements across more than one domain. The team has focussed throughout the year on those providers with the most improvement work to undertake.

What interventions were made to secure quality services?

The quality team itself is small with a compliment of 5.3 full time equivalent quality assurance officers and a whole time quality assurance manager. The Council agreed to increased investment in staffing and two whole time market assurance officers joined the team in November 2015 focusing on the home care market. The team works with key colleagues in commissioning, procurement and operational social care to maximise the impact that the Council has in securing quality care. The team is risk driven and the clear priorities are therefore to focus on the highest risk providers as described earlier in this report.

Providers rated as "inadequate"

During the year in question, five providers were rated as inadequate by the CQC. In all cases the Council's adult care quality team had intervened well before the inspections and had provided CQC with intelligence that helped target these providers for inspections.

In addition the team had taken preventative actions to safeguard potential service users by suspending further placements until such time as the team were satisfied that safe high quality care could be provided.

Actions taken included:

- Suspension on further placements
- Arranging nursing care with new providers
- Arranging residential care with new providers
- Supporting providers to secure improvements

At the time of writing one provider has ceased to provide services altogether, another provider has ceased to provide nursing care but is continuing as a residential care provider, two providers remain under CQC enforcement action and one provider has made improvements and is now rated as "good"

Providers giving rise to serious concerns

During the year there have been particular difficulties in securing home care in some parts of the County where recommissioning of services has resulted in new block providers being awarded contracts. Such recommissioning always gives rise to transitional risks but on this occasion the problems have been significantly more challenging than usual.

The committee agreed to some additional investment in the quality team when approving the quality framework in January 2015. This investment has enabled two market assurance officers to be appointed. These are new roles that support the quality assurance officers and commissioners with an initial focus on the home care market following the recommissioning of services and the introduction of a new model of care based on promoting independence principles.

The officers joined the department in November 2015 and following induction and training have engaged with all the new block home care providers in place following the recommissioning exercise.

The officers carry out quality assurance reviews that focus on seven domains:

- Understanding the business and processes
- Examining care files
- Examining staff files
- Consulting with care staff
- Consulting service users
- Examining policies and procedures
- Reviewing data the Council holds on the provider such as complaints, safeguarding reports and provider submitted data and looking at their most recent Care Quality Commission report

The aim of the visits is to check and secure compliance with contractual and regulatory quality requirements and to identify areas of improvement to drive up the quality standards of homecare in Norfolk. This also helps to build a picture of key themes and challenges across the homecare market in Norfolk.

This has enabled key areas of weakness to be identified by robustly assessing and managing risk, focusing on assessment, care plans, risk assessment and medication errors.

Since January 2016 the Market Assurance Officers have:

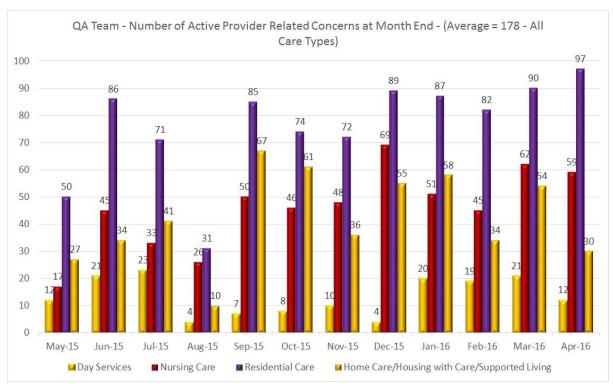
- Monitored six providers covering 14 block areas and three spot providers in Norwich, South Norfolk, and West Norfolk
- Visited 104 Service Users
- Supported the QA officer on nine accreditation visits to new providers and wrote (drafted) up the reports for them
- Supported the QA officer on two focussed audits in response to safeguarding concerns and drafted the reports for these
- Supported QA officers and commissioning managers in the transition of Eastern block homecare providers
- Supported QA officers and commissioning managers with the transition of care packages between block providers in West Norfolk
- Supported the QA response to homecare complaints and concerns in West, South, North and East Norfolk

The Market Assurance Officers have also provided a role in the close monitoring of providers where there is a risk of failure to comply with contractual obligations by requesting daily and weekly service provision information to monitor concerns and provide feedback and assurance to ensure that service user care is not compromised in any way.

At the time of writing two providers continue to be the subject of daily monitoring requiring a multi-disciplinary approach involving quality, commissioning and procurement personnel.

Providers rated as "requires improvement" or where there are safeguarding concerns

At any given moment in time the quality team was involved with numerous active concerns arising from the priority higher risk categories described above. The table below shows the active concerns case load by provider type over the past year.



It can be seen that at any given moment in time the team was on average actively working with providers to resolve about 180 live concerns. This work is critical to securing quality in the care market.

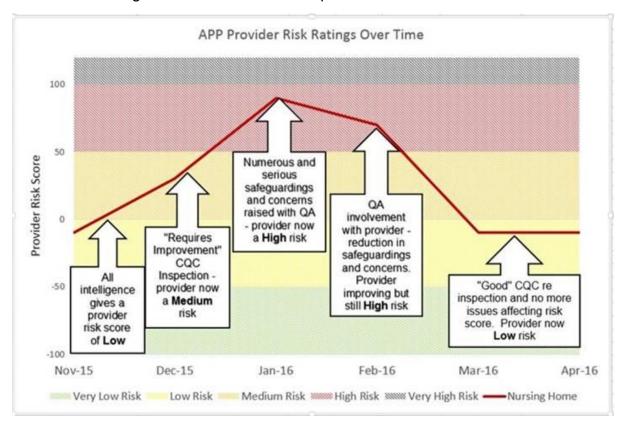
Priority quality initiatives planned for 2016/17

This report sets out a comprehensive picture of the quality of adult social care and support services in Norfolk and the actions taken by the Council to secure high quality services. Whilst recognising that many care providers have yet to be assessed by the CQC against the national standards and that there are many good providers it is clear that improvement in quality is required across the board. The team will continue to deal with quality issues as they arise, however, we want to do more to address the quality deficit so that we can match the standards being achieved in other parts of the eastern region. We will therefore implement the following programme of initiatives and actions.

Using market intelligence to target quality improvement - APP system

We are excited about the next stages of development of our market intelligence and risk profiling system which will enable the team to assess provider risk on an ongoing basis in real time. The system is based on the Authority Public Protection (APP) system developed for use in trading standards and environmental health services and will go live in July 2016.

The system is being developed to enable all intelligence including but by no means limited to CQC data about the performance of care providers to be analysed to produce a risk rating. There are 5 levels of risk; very low, low, medium, high and very high. The rating varies on an ongoing basis depending upon the intelligence gathered which will enable the team to identify providers who are becoming more risky and to intervene in a timely manner. The system will enable us to see the effect of our interventions as the risk profile changes following intervention. The diagram below illustrates this point:



The system will also replace the paper based systems currently in use and will support performance management, case management and provide greater insight into quality in the market through its powerful reporting capabilities.

Delivering a "requires improvement" to "good" programme

The current CQC ratings position is clearly not acceptable and so we will use our Market Development Fund to commission a new programme of work aimed at securing better CQC ratings We will develop and implement a programme focused on ensuring that providers with a "requires improvement" rating from CQC are supported to achieve a "good" rating at next inspection. The programme will also support providers yet to be inspected for the first time to have a better chance of being rated as "good" when the inspection takes place.

Promoting the Harwood Care Charter

The Harwood Care Charter is the Council's own quality standard focussing on putting service users in control of the care they receive. We will re-promote the Harwood Care Charter to providers encouraging them to demonstrate their commitment to person centred care by registering as adherents to the scheme and its principles. We will use the Councils website to ensure that people can see which providers have committed to person centred care in this way.

Using service user feedback to drive quality improvement

We want real insight into whether the services that the Council pays for are actually helping people achieve the outcomes that they want. We will therefore implement a new scheme, initially in block home care provision, by commissioning a specialist organisation to carry out satisfaction surveys to secure feedback which will be analysed. We will share the analysis with providers and use it to support quality improvement. We will run the scheme as a 12 month pilot with a view to extending the scheme to all care sectors in line with our Commissioning for Better Outcomes approach.

Delivering a sector skills plan to support the workforce

A stable skilled workforce is essential to delivering good quality care. Providers of health and social care services are experiencing challenges in the recruitment and retention of staff. We will implement a sector skills action plan which identifies three priority areas that Norfolk and Suffolk health, social care, private and voluntary sector partners are going to focus on to actively improve the current situation:

- Entrance and retention to the health and social care sector with a particular focus on adult social care
- Recruitment and retention of registered nurses in nursing homes
- Leadership and succession planning for registered managers and owners of adult social care businesses

Funding has been secured from the Better Care Fund and Health Education East to appoint a project officer to lead this exciting and important piece of work. In addition the Council will use its workforce development fund to make a 12 month appointment to a post to work with sector leaders and mangers to design and deliver an innovative recruitment and retention strategy for adult social care providers in Norfolk

Supporting the care home improvement agenda

Integration between the Council and the Norfolk Community Health and Care (NCHC) Adult Services can be beneficial to the Care Home Improvement Agenda. Initiatives that we will explore include NCHC health staff working with Council social care staff via integrated teams to offer an in-reach service to residential and nursing homes. This could include a Matron "overseeing" the home, a nurse prescribing and triaging for the GP or simple in-reaching by

nursing staff to advise and support the staff. The integrated teams would address mental capacity and deprivation of liberty and ensure appropriateness of arrangements and ensure flow, pace and communication.

In addition we will explore how the various quality related roles within NCHC could dovetail with the Council's own quality team in a targeted and integrated approach to quality in care homes. This aligned approach fits perfectly with the Sustainable Transformation Plan pathway and ethos.

Investing in and engaging with the market

We will establish a new formal dialogue process that will enable the Council to work with provider representatives from all the major care sectors to gain a thorough understanding of the cost of providing care so that in setting and agreeing prices the Council can be confident that those cost are properly recognised.

We will also work with providers throughout the year to develop and establish effective arrangements at both the strategic and operational level so that the Council can tackle issues including care quality improvement alongside providers themselves.

We will also use our Market Development Fund to invest directly in activities that support care quality prioritising care sectors where quality needs the most improvement.

Innovative commissioning

We will develop innovative approaches for securing sustainable high quality services through our commissioning and procurement activity with a particular focus in the coming year on the home care market.

Our market assurance officers will support commissioners in this work through:

- Return visits to those block providers already reviewed to monitor progress against action plans
- Reviews of the remaining block providers in Norfolk
- Reviews of the larger spot providers
- Review of Housing with Care Schemes
- Capturing common themes emerging form these reviews in order to look at how support can be provided to address these specific areas