

ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

6 October 2014

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Paul Beck, Geoff Lilley, Brenda Loynes, Kaylee Sirs, George Springer and Stephen Thomas

Also Present: Maureen Lockwood - Healthwatch
Frank Harrison, Years Ahead Forum
Member of the Public – John Hobbs

Officers: Jill Harrison, Assistant Director, Adult Services
Jeanette Willis, Head of Strategic Commissioning, Adult Services
Denise Wimpenny, Principal Democratic Services Officer

24. Apologies for Absence

None.

25. Declarations of Interest

Councillor Thomas declared a personal interest in Minute 27.

26. Minutes of the meeting held on 1 September 2014

Received.

27. Quality of Care in Older People's Care Homes *(Director of Child and Adult Services)*

Type of decision

For information

Purpose of report

To update the Adult Services Committee on the outcomes of the Quality Standards Framework (QSF) assessment of the quality of care in residential homes for older people.

Issue(s) for consideration

The report included background information in relation to the Quality Standards Framework. The QSF continued to measure sixteen outcomes linked the five domains within the Care Quality Commission Core Standards, as set out in the report. The Council currently contracted with 20 homes for the delivery of residential care and support for older people. Members were referred to the outcome of the assessment as detailed in Appendix 1.

The assessments indicated progress in relation to achievement of quality within the homes. 17 homes maintained the same grade as the 2013 assessment and 3 homes demonstrated significant progress, moving from grade 2 to grade 1. Of the 17 homes which maintained their grade, all but 2 improved their overall scores, one maintained the same score and retained a grade 1, the remaining home dropped slightly in the points but maintained an overall grade 1.

In relation to the next steps, it was reported that officers had been given a copy of their individual quality assessment report to review and consider the findings and to provide an opportunity to address the areas identified as requiring improvement. The assessment would be repeated on an annual basis and officers would work with care home managers to agree how quality could be improved in all areas including those where the outcomes were fully met. It was intended that QSF be implemented across all regulated services within Hartlepool.

The Committee was provided with a presentation in support of the report.

The Assistant Director responded to issues raised by Members in relation to the Quality Standards Framework, self assessment and scoring process, how the information was publicised to people requiring residential care as well as inspection arrangements. Members considered at length how well the various outcomes were being met and whilst Members were pleased to

note improvements in performance acknowledging that all 20 care homes were achieving the required standards in terms of meeting nutritional needs and management of medicines some concerns were expressed regarding the results of some providers in terms of cleanliness and infection control issues as well as complaints. The various factors which may impact upon the results and quality of care were discussed and the Committee highlighted the importance of consistency of staff and management arrangements including staff training. Reference was made to the increasing number of individuals in the early stages of dementia residing in non-specialist type homes and emphasis was placed upon the need to explore this issue and include family members in the assessment of needs process.

In response to issues raised regarding the lack of nursing beds available in care home settings and the impact on hospital discharges, the Assistant Director advised that while the Clinical Commissioning Group (CCG) was responsible for commissioning of nursing beds, the Council was currently working with the CCG to explore options to address this issue which was also impacting on the number of people having to access nursing home provision outside of Hartlepool. The Assistant Director confirmed that the CCG was responsible for monitoring the quality of nursing provision in care homes and had a Clinical Quality Assessment process in place, which would be used to assess Hartlepool nursing homes in the coming months. Given the impact of this issue on patients and residents, the Committee requested that the CCG be invited to attend the next meeting of the Committee to provide an urgent update in this regard.

A member of the public, who was in attendance and was invited to address the Committee, shared personal experiences of visits to a particular care home where concerns had been raised regarding the standard of care of an individual that had not been addressed appropriately. Clarification was provided regarding the processes that were in place to ensure needs were being met as well as the role of Health Watch representatives in the inspection process.

Decision

- (i) The Committee noted progress made in improving Quality in Care Homes for older people and noted the planned next steps for further implementation of the Quality Standards Framework.
- (ii) That the CCG be invited to the next meeting of this Committee to provide an update in relation to the lack of nursing beds available and the impact on hospital discharges.

28. Role of the Care Quality Commission – Presentation (Representative from the Care Quality Commission)

Type of decision

For information

Issue(s) for consideration

The Chair welcomed the representative from the Care Quality Commission, who was in attendance at the meeting to provide a presentation in relation to the role of the Care Quality Commission together with the main changes to the regulation and inspection process. The representative provided a detailed and comprehensive presentation which focussed on the following issues:-

- Changes to regulation and inspection process from 1 October 2014
- Inspect under 5 key questions – is the service safe, effective, caring, responsive, well led
- Consultation extended as part of inspection process to include views from more people who use the service
- Utilise specialist advisors as part of assessment and inspection
- Provider now asked to provide key information in advance of inspection and on ongoing basis which includes:-
 - number of complaints
 - number of people receiving speech and language support
 - self assessment information
 - clarification on areas they feel they need to improve
 - training statistics
 - staff turnover information
- Ensure care homes are engaging with Care Quality Commission
- Obtain views on service from anyone who attends the home
- Examine individual cases/care files
- Examples of how the 5 key questions are examined
- Explore how individuals engage in activities specific to their care needs and how their welfare is supported
- Inspectors now allowed to report on the ethos of the service and atmosphere
- Scoring process and how ratings are determined
- Definition of a breach in the Health and Social Care Act
- No longer just report on compliance/non-compliance. CQC now write a detailed report based on the 5 key questions and answer the 'mums' test – is it good enough for people we love?
- Changes to format of Inspector's reports – no longer include standard or clinical phrases
- Providers now required to produce a copy of the CQC report to residents and monitoring arrangements are in place to ensure this is undertaken

- Inspection timescales

Following the conclusion of the presentation the representative responded to issues raised in relation to the presentation. Clarification was provided in relation to the new rating system and how the rates were determined.

Members welcomed the changes and were pleased to note a much more robust inspection process. A Member made reference to the development of relationships between the CQC and Health Watch organisations in other parts of the country and was keen to see relationships of this type develop in Hartlepool. In terms of taking this issue forward, a Member invited the representative to attend a future meeting of Health Watch in Hartlepool to update representatives on the changes as outlined in the presentation.

Emphasis was also placed upon the need for the CQC, the local authority and Health Watch to share information. The benefits of sharing local outcomes with a view to determining Health Watch priorities was also highlighted.

In response to a query regarding the potential duplication of services, the Assistant Director provided assurances that the Council met regularly with the CQC to share information and outlined the differing roles of the CQC as a regulator and the Council as a commissioner of services.

Following the Chair's query in relation to changes made as a result of inspection visits by the CQC, the representative agreed to provide clarification on the number of compliance actions and enforcement actions issued in Hartlepool during the last financial year under separate cover following the meeting.

The Chair thanked the representative for her attendance and excellent presentation.

Decision

- (i) That the contents of the presentation and comments of Members be noted.
- (ii) That the CQC provide details of the number of compliance actions and enforcement actions issued in Hartlepool during the last financial year following the meeting.

29. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following item of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

30. Any Other Business – Future Events/Meetings

A Member raised some concern that NHS Hartlepool and Stockton on Tees Clinical Commissioning Group were hosting an event on Friday 17 October at 10.15 am – 12.15 pm at Hartlepool Maritime Experience in relation to the Commissioning intentions for the coming year which had not been communicated to the Council, details of which were provided. The importance of the event was highlighted and was open to anyone who wished to contribute.

The Chair advised that a Dementia Friends Information Session would be held on 23 October at 4.00 pm for all Members of the Council.

It was noted that the next meeting would be held on 3 November 2014 at 10.00 am.

Decision

That the information given be noted.

The meeting concluded at 11.35 am

P J DEVLIN

CHIEF SOLICITOR

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