

ADULT SERVICES COMMITTEE

MINUTES AND DECISION RECORD

12 OCTOBER 2015

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

Present:

Councillor Carl Richardson (In the Chair)

Councillors: Paul Beck, Sandra Belcher, Brenda Loynes and Stephen Thomas.

Also Present: Karen Hawkins, Associate Director of Commissioning and Delivery, Hartlepool and Stockton on Tees Clinical Commissioning Group
Jean Golightly, Executive Nurse, Hartlepool and Stockton on Tees Clinical Commissioning Group
Stephanie Tarrant, Inspection Manager (North Region), Care Quality Commission

Officers: Sally Robinson, Director of Child and Adult Services
Jill Harrison, Assistant Director, Adult Services
Jeanette Willis, Head of Strategic Commissioning (Adult Services)
Alastair Rae, Public Relations Manager
David Cosgrove, Democratic Services Team

34. Apologies for Absence

Councillor Tempest.

35. Declarations of Interest

Councillor Thomas declared a personal interest as an employee of Hartlepool HealthWatch.

36. Minutes of the meeting held on 14 September 2015

Confirmed.

37. Care Home Provision for Older People - Presentation *(Director of Child and Adult Services)*

Type of decision

For information / discussion.

Purpose of report

The Assistant Director, Adult Services, the Head of Strategic Commissioning (Adult Services) and the representatives from the CCG and CQC gave a presentation to the Committee setting out the situation relating to care home provision for older people in Hartlepool and the monitoring regimes that applied to the sector.

Issue(s) for consideration

The presentation outlined the following key points and facts: -

- There are 16,650 people in Hartlepool aged 65 and over with 1,641 of those supported by HBC Adult Services. 945 are supported in their own homes and 696 are supported in residential care (this equates to 4% of older people in the town)
- There are 18 care homes in Hartlepool for older people; 13 provide only residential care, 2 provide only nursing care and 3 provide both (dual registered).
- The average age on admission to residential care is 86.4 years with the average length of stay 2.4 years. The average age on admission to nursing care is 82.9 years with the average length of stay in nursing care: 1.7 years.
- There had been a reduction in vacancies due to home closures and moratoriums. Admiral Court had closed losing 50 nursing beds and 15 vacancies; and Gardner House had closed losing 29 residential beds and 15 vacancies.
- Vacancy figures can change daily and are recorded weekly. On the day of the meeting there were 64 residential vacancies and 4 nursing vacancies.
- There were a small number (23) of out of borough residential placements. 6 of the 23 were within 20 miles of Hartlepool. 2 of the out of borough placements had been made since April 2015. These numbers had remained steady for last three years.
- There were 16 out of borough nursing placements with 13 of the 16 within 20 miles of Hartlepool. 9 placements had been made since April 2015. This was a significant increase over last three years.
- In the case of residential care, out of borough placements were due to client choice; they may wish to be closer to family or wished to be in a specific home setting whereas out of borough nursing

- placements decreased due to lack of availability within the town.
- A range of services had been developed or commissioned by Adult Services to provide alternatives to residential care. These included 450 extra care housing units in Hartlepool, packages of support in people's own homes, increased use of tele-care (from 450 users to 2,000 users over the last 4 years), and provision of support to carers
- All elderly people placed had a designated social worker and had a minimum of a yearly review.
- The role of the Council in relation to care management, safeguarding, the serious concerns protocol and the proactive work undertaken with care homes was briefly outlined.
- How the local authority contracted with care homes and how fees were negotiated was explained including the Provider Forum and the work undertaken by Link Workers.
- HBC's Quality Standards Framework was outlined. The QSF was linked to the CQC Essential Standards (pre October 2015) and homes received one of four grades, with Grade 1 being the highest.
- In 2014/15 there had been 14 Grade 1 homes and 6 Grade 2 homes. This year, there were 8 Grade 1, 8 Grade 2, 1 Grade 3 and 1 Grade 4 homes. Officers were working with the two homes at Grade 3 and 4 to bring them back up to Grade 1 or 2.
- The aim was to maintain all homes at Grade 1 or 2. It was highlighted that some of the differences between the grades may not necessarily be due to the care residents received and may be influenced to the constraints of the building.
- Agreement had been reached with homes on a 'Fair Cost of Care' methodology which involves an annual review of fees to take into account inflation and factors such as minimum wage increases, fuel prices and running costs. A reasonable profit margin was essential to ensure that the homes remained healthy businesses. This process had recently been undertaken for care home fees and an increase in per bed costs of £10 per week was to be implemented from October 2015 with a further increase to be confirmed from April 2016 linked to the increasing National Minimum Wage.
- The representative from CQC outlined the purpose and role of the Care Quality Commission, how their inspections were undertaken and the issues that inspectors looked at when visiting residential settings.
- CQC inspectors used 'the mum's test'; was the care provided good enough for their loved ones.
- The CQC rating system was explained which classified homes as Outstanding, Good, Requires Improvement or Inadequate. Inspections tended to be undertaken by teams of CQC staff, though if the home was very small, a single lead inspector may undertake the inspection. As far as was possible, all inspections included an 'expert by experience' in the sector being inspected. There were also specialist advisors available to provide assistance on very more specialist care areas, such as dementia care.
- It was highlighted that a home classified as 'requiring improvement' may be meeting all minimum care benchmarks but there may be an

inconsistent approach across the home. It was also noted that if a home received two consecutive 'inadequate' assessments, then it would be placed in special measures which would require the home management to have a detailed action plan for improvement that would be continually monitored for up to 6 months.

- The CQC representative provided some national statistics which showed that of all services inspected to date (not just residential homes) less than 1% were outstanding, 58% were good, 34% required improvement and 7% were inadequate. The current figures for care homes for older people in Hartlepool showed that 17% were good, 28% required improvement, 17% were inadequate with 38% yet to be rated.
- The CCG representatives outlined the role of the Clinical Commissioning Group in monitoring residential homes. The CCG worked closely with the Council and the CQC on monitoring the progress made by providers when remedial actions were required.
- The CCG had commissioned an enhanced service in Hartlepool linking specific GP Surgeries with residential homes so that a home had a specific surgery contact that would undertake weekly visits ensuring appropriate care plans were in place and residents received their flu jabs for example. The link also gave the home direct urgent access to GPs where necessary.
- The CCG representatives outlined other services that linked into residential homes such as pharmacists, community nurses and the enhanced support that worked closely with homes that required improvement.
- The presentation went on to highlight some of the challenges currently facing the residential homes sector in the town which included; nurse recruitment, quality standards, increasing expectations, people with increasingly complex needs, home closures, the reduction in the availability of nursing beds, homes with waiting lists, homes with moratoriums, and the implementation of the National Minimum Wage increases.
- There was some work underway looking at the sustainability of the current numbers of nursing beds in the town. There were to be further meetings with providers on the potential remodelling of fees for nursing care.
- 6 additional nursing care beds had been commissioned at the Hartlepool Hospice for people receiving fully funded NHS continuing health care. Work was ongoing with potential new providers of nursing care and the assistance/support they may require to come forward.

The Chair then opened the meeting for comments and questions. Below is an outline of the issues raised and any responses given at the meeting:

- 'The Mum's test' was okay but perhaps inspectors should look at homes as being good enough for them were they in the situation of needing care. This was an issue with many older people not having extended family support.

- There was concern at the high level of services that were listed as 'requiring improvement' or 'inadequate' by the CQC. The CQC representative highlighted that the national figures shown in the presentation reflected the full range of services inspected by the CQC.
The CQC recognised public concerns. There was an 18 month programme to inspect all services under the new regime, which included the care homes in Hartlepool and the CQC had prioritised those where there were, or had been past, concerns. Any service that was considered inadequate would be monitored closely with a return inspection after no more than 6 months but improvements would be expected before then. If it was an enforcement situation, then the CQC would state very clearly what had to be done. If it was a 'lower' level of enforcement, then the provider would be asked to give a realistic time-scaled action plan. When an action plan was 'accepted' then essentially, the CQC was accepting that those actions wouldn't be up to standard for that time, so long timescales would not be accepted. Expectations were based on weeks rather than months. The CQC was issuing guidance to providers on what was expected through its inspections. It had to be highlighted that not all the standards related to people's care; they may relate to the building.
- The Chair questioned what excuses for not meeting standards were given. The CQC representative commented that the majority of providers took on board any inspections recommendations or feedback. If they didn't, they understood it could be come and enforcement issue.
- A member of the public commented that much was down to individual perception. He had heard one resident's family member praise unreservedly the care their family member had received but his own experience was very different. It was felt that the 'Mums test' was very subjective. There were also issues around of the lack of nurses in residential homes and the use of agency nurses who didn't provide residents with continuity. The CQC and CCG representatives commented that staffing issues were a key part of the inspection and the use of agency staff was looked at. It was acknowledged that there were issues in recruiting nursing staff not only in the residential care sector but also in the NHS generally. Continuity was one of the reasons behind the GP surgery links. The CQC representative commented that their inspections looked at staffing and also took into account experience as well as qualifications. If different members of staff were coming in every day then that would be an issue.
- 79 beds had been lost through the closure of two homes; a Member asked if these were to be replaced or the homes re-opened. The Assistant Director commented that the operators of Gardner House had closed the home as it only had 50% occupancy and was unsustainable. The building was also an older building that couldn't be brought up to current standards; if it was re-opened it would have the same issues. The closure of Admiral Court was well documented.
- A Member asked how often homes were inspected. The Assistant Director stated that local authority link officers visited regularly and

were in contact with homes on a weekly basis. Different agencies had different approaches. CQC will have inspected all homes by September next year and then subsequent inspections would depend on the rating of the home. The CCG Clinical Quality Assessment is an annual process which is currently being revised. All the representatives stressed to the Committee that they did communicate with each other regularly both formally and informally and shared information on trigger points such as safeguarding issues.

- A Member asked what action was taken if a serious concern about a home was raised. The Assistant Director indicated that there was a Serious Concerns Protocol that would bring together all the regulatory bodies and the provider. Much would depend on how the home itself reacted to the issue. The CCG representative commented that inspectors did pick up on 'soft intelligence' and issues that may occur within national providers.
- A member of the public asked how quickly reviews would occur if a family member raised concerns in relation to a home. The Assistant Director indicated that individual residents would receive a review at least once a year, but a review could be requested at any point if needs changed or a family member had a concern. A member of the public asked who, through the GP surgery links was visiting homes and the CCG representative confirmed that was a GP that undertook the weekly visits.
- A question was asked regarding whether a home's accident book and records of things such as bed sores were reviewed as part of the inspection process. The Assistant Director confirmed that records were examined and any trends investigated.
- There was a question about how many people were 'bed blocking' in local hospitals due to the shortage of beds in the town. The CCG representatives stated that there was coordinated work ongoing on discharge procedures and the figures on the number of people awaiting discharge could be shared with the Committee.
- A Member raised serious concerns with the whole issue of care of the elderly nationally. The Member was concerned that the care system was at 'tipping point' through lack of national decision making on funding for the future. Locally there had been home closures and a number of homes either requiring improvement or inadequate and there was a shortage of nursing care beds. There were to be 6 extra nursing beds but there was concern on the moratoriums that two homes were under.

The Member also referred to the Vanguard sites and the different methods of working they were trialling and how the best practice and lessons learned from those areas would be shared with other authorities.

There were a number of bodies all with an input on these matters, the CQC, CCG, the local authority, HealthWatch, residents and family and despite what was being said there were still communication issues. The Member was keen to explore better working between HealthWatch and the CQC as he considered there was scope for relationships to be improved. The Member stated that he was

attending a national HealthWatch event in the next few days which was centred on these matters.

The Member considered that all involved had to remember these were people's homes and the quality of their lives that were being discussed.

The CCG representatives commented that they were constrained nationally but were renegotiating costs on nursing care locally and looking at wrap around care to help people return to their own homes. There was an issue around the moratoriums and the beds lost due to home closures but agencies were working as a community on that and were looking at maintain the situation through the winter.

Agencies had looked at the vanguard site in Newcastle and the model they were using was very similar to that already being developed locally through the Better Care Fund. Other vanguard sites had only just started on this project. Some of the issues they had were around financing. Local agencies were well linked up and worked closely and there is excellent communication on this locality. The representatives stated that they were not waiting for any national push and communication between agencies was very good with regular meetings and the sharing of information and concerns. It would be unusual for any of the bodies not to be aware of any safeguarding issues and early warning signs.

- The Councillor requested that any available feedback from the Vanguard areas be shared with the Committee. There were also concerns with people being maintained in their own homes as the finance to support such people needed to be identified across all the relevant agencies; it could not be left solely to the local authority to pick up these costs in a time of continued austerity cuts.
- A representative from the Hospital of God at Greatham commented that there was a lot of excellent work being undertaken in care homes around the town and this must not be forgotten within this debate. Social care staff were very committed and hard working and displayed excellent person centred approaches. Having moratoriums on a number of homes was not helping the general situation in Hartlepool. There was a shortage of nurses in the home care sector but much of that was due to the differential in terms and conditions between the private sector and the NHS. There were often differences of opinion around friends and families views of a home and an inspection report and the question that arose was whose opinion counts most. The Hospital of God was in the process of expanding one service to provide four additional nursing beds.
- A Member of the public questioned if the financial standing of operators was checked during registration. The Head of Strategic Commissioning stated that once an operator was registered with the CQC and before they were used by the authority there was an accreditation process that involved such checks.
- A member of the public sought publication of clearer statistics on the percentages of homes in each registration section. It was good to hear that there were to be new nursing beds to be opened but assurance was sought that they would be available to Hartlepool

residents. The CQC representative stated that the statistics on the website were updated on a weekly basis and each individual element of the inspection was rated. The member of the public commented that many people did not have internet access and sought other ways of the information being published, such as The Hartlepool Mail and Hartbeat. The Head of Strategic Commissioning commented that there was a lot of information available which could be accessed by phoning the Council. The CQC representative also commented that their information was available by phone. The Public Relations Manager indicated that he would look to working with the agencies on the potential of including information in Hartbeat.

- In relation to the moratoriums, the CCG representative commented that it was an issue but it was being addressed. The availability of nursing staff was a consistent issue across the country. The availability of beds, particularly nursing beds, was one that impacted upon the CCG on a daily basis.
- In response to a question from the public, the Head of Strategic Commissioning stated that discussions were ongoing with a number of homes on the potential of them becoming dual registered to provide residential and nursing beds but much depended on the availability of nursing staff. The member of the public also questioned the numbers of nursing graduates and which sectors they were going to work in and if further consideration had been given to recruiting more nurses from abroad. The CCG representative stated that all the nurses expected to graduate next year already had job offers. All NHS Trusts were short of nursing staff.
- A Member referred to some of the press issues around people being maintained within their own homes only receiving 10 or 15 minute calls from home care staff. The Assistant Director stated that HealthWatch had undertaken a valuable piece of work on domiciliary care and following this, Adult Services were able to confirm that the proportion of people in Hartlepool receiving 15 minute calls was very low and such calls were always part of a wider package of care. Further work was to be undertaken on this issue following the recent publication of best practice guidance.
- A HealthWatch visitor stated that leadership was the most important issue in any home. People did need to listen to the family more as this was where you were more likely to get the truth. The residents that were of concern were those that don't get regular visitors. Listen to the residents by all means but listen to the family as they don't have the fear of comeback after the inspectors have left. The CQC representative stated that whenever they were inspecting a home there would be an information poster prominently displayed that would inform visitors that an inspection was underway and how to contact the lead inspector if they wished to make comment. Inspections also observed the interactions between staff and residents.
- The Chair questioned the staffing of the CQC in this area. The CQC representative stated that there were 8 full time inspectors in the northern region. Inspection teams would include a lead inspector and depending on the size of the home being inspected, additional

inspectors, an expert by experience and specialist advisors as appropriate. Depending on the outcome of the inspection further re-inspections may be triggered and there were also random spot checks to avoid complacency within homes. Once reports were prepared, the home operators had 10 days to challenge factual inaccuracies before the report was published on the CQC website. Two versions of the report were produced, a full report and a summary document, both of which would state if any breaches of regulations had been found and both of which should be made available to residents and family members.

- The Chair questioned the ratio of nursing staff to residents in a nursing home. The CQC representative stated that there was no minimum ratio but inspectors would look to see evidence that the operator had reviewed the needs of the residents in reaching their staffing levels.
- A Councillor commented that it would be valuable to have regular updates to the Committee regarding issues relating to nursing homes and new developments. Ongoing feedback from the vanguard sites would also be valuable. There was a lot of good work going on in homes in the town and it would be valuable to have an action plan arising from the meeting to address some of the concerns highlighted.
- A member of the public questioned what inspections/ monitoring of domiciliary care was undertaken. The CQC representative stated that the same inspection regime applied and records were checked, visits with carers were undertaken and service users were also contacted directly to gain their feedback.
- The difference between what was being done in Hartlepool on social care and the Vanguard sites was questioned. The CCG representatives commented that they had met with representatives from the Newcastle and Gateshead Vanguard site and much of what they were doing was not dissimilar to what was already been done here. Other areas were looking into 'tele-medicine' services to a greater level than was done here, however, these vanguard sites were in their very early days and they needed time to establish before any lessons could be learned.

In closing the meeting, the Chair thanked everyone in attendance for their contributions to an excellent debate on the issues. The Chair stated that he would look to the development of an action plan to take forward some of the issues raised in the meeting.

Decision

That an action plan be developed from the discussions recorded above for future consideration by the Committee.

38. Date and Time of next meeting

The Committee noted that the next meeting would be held on Monday

9 November, 2015 commencing at 10.00 am in the Civic Centre.

The meeting concluded at 12.15 pm

P J DEVLIN

CHIEF SOLICITOR

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