

ADULT SERVICES COMMITTEE AGENDA



Thursday 22 June 2017

10.00 am

Committee Room B,
Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Beck, Hamilton, Hind, Loynes, McLaughlin, Richardson, and Thomas.

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

- 3.1 To receive the Minutes and Decision Record in respect of the meeting held on 2 March 2017 (*for information as previously circulated*).

4. **BUDGET AND POLICY FRAMEWORK ITEMS**

No items.

5. **KEY DECISIONS**

No items.

6. **OTHER ITEMS REQUIRING DECISION**

No items.



7. ITEMS FOR INFORMATION

- 7.1 Hospital Discharge Update – *Director of Child and Adult Services*
- 7.2 Update: Care Homes for Older People – *Director of Child and Adult Services*
- 7.3 Direct Care and Support Services – Outcome of CQC Inspection – *Director of Child and Adult Services*
- 7.4 Transforming Care – Respite Services Review Update – *Director of Child and Adult Services*
- 7.5 Disabled Facilities Grants – *Director of Child and Adult Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION

Date of next meeting – Thursday 13 July 2017 at 10.00am in the Civic Centre,
Hartlepool



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

2 March 2017

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

Present:

Councillor: Steve Thomas (In the Chair)

Councillors: Tom Hind, George Morris, Kaylee Sirs and Carl Richardson

In accordance with Council Procedure Rule 5.2 (ii), Councillor Paul Beck was in attendance as substitute for Councillor Sylvia Tempest

Also Present: Ben Smith, Tees Esk and Wear Valley NHS Foundation Trust
Graeme Hunter and Neil Maclean, Ernst Young
Zoe Sherry, Healthwatch and Chair of Mental Health Forum
Frank Harrison, Years Ahead Forum
Members of the Public – Evelyn Leck, Dominic Sherwood, Sue Little

Officers: Jill Harrison, Assistant Director, Adult Services
Jeanette Willis, Head of Strategic Commissioning
Neil Harrison, Head of Services
Catherine Grimwood, Performance and Partnerships Manager
Angela Armstrong, Principal Democratic Services Officer

71. Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Lesley Hamilton, Councillor Sylvia Tempest and Gordon and Stella Johnston.

72. Declarations of Interest

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

73. Minutes of the meeting held on 2 February 2017

Received.

74. Outcome of Feasibility Study: Future Delivery Models for Services for Older People *(Director of Child and Adult Services)*

Type of decision

No decision required, for information.

Purpose of report

The purpose of the report was to provide the Adult Services Committee with an update on work that was underway to explore future service delivery models for services for older people.

Issue(s) for consideration

Representatives from Ernst Young who had undertaken the feasibility study were in attendance and provided a detailed and comprehensive presentation. The presentation outlined the methodology of the study which identified that the current model for the delivery of services for older people was not financially sustainable and that this was an opportunity to change care delivery models and increase quality. Two alternative options for service delivery were included within the presentation as follows:

- Use an alternative delivery model to increase Council provision through a Local Authority Trading Company or in-house Council provision; or
- Targeted investment to change the delivery of care.

The advantages and disadvantages of the above options were included within the presentation.

It was noted that one of the options included a proposal to develop a Care Academy to recruit, train and develop the local care workforce and Members of the Committee were very supportive of this and suggested that the involvement of local colleges should be encouraged. The Assistant Director added that the proposal around the provision of a Care Academy would be focussed on apprenticeships or traineeships and supporting people through education and experience to gain qualifications and employment.

A discussion ensued on the recent reduction in GP practices within the town and a representative from Ernst Young commented that this was a national trend and emphasised the importance of ensuring the level of community care provided met the needs of local people. The Assistant Director added that a new approach with GP's was currently being

piloted involving a multi-disciplinary team around GP practices with a view to strengthening the primary care model and preventing unnecessary admissions.

The Chair indicated that further detail how the findings would be taken forward within Hartlepool would be submitted to a future meeting of the Committee for discussion. However, it was noted that Members had expressed initial support for the provision of a Care Academy.

Decision

- (1) That the contents of the report and the presentation be noted.
- (2) That copies of the presentation be emailed to Members of the Committee and public attendees.

75. Council Plan 2017/18 – 2019/20 (*Director of Child and Adult Services*)

Type of decision

Budget and Policy Framework.

Purpose of report

The purpose of the report was to set out the Council's ambitions for the Borough and the strategic plan for achieving this. Specifically, the Committee was requested to consider the draft proposals that had been identified for inclusion in the Council Plan 2017/18 – 2019/20 which were of relevance to the remit of the Committee.

Issue(s) for consideration

The report set out the changes between the Key Deliverables previously reported to the Finance and Policy Committee and those proposed for inclusion in the final plan which were included within Appendix 3. The sections specifically for consideration by the Adult Services Committee were identified by the relevant strategic priority and included within Appendices 2 and 4. It was highlighted that the final draft of the Council Plan would reflect any comments received by the Policy Committees and be submitted to the Finance and Policy Committee on 6 March 2017 and subsequently to full Council for final approval.

Decision

- (1) The key deliverables, milestones and performance measures identified for inclusion in the Council Plan, particularly those relevant to the remit of the Committee were supported unanimously by the Committee.
- (2) It was noted that the draft Council Plan will be submitted to each of the other four Policy Committees for consultation. The final draft of the Council Plan, incorporating any comments received and be considered by the Finance and Policy Committee on 6 March 2017 for consideration and approval prior to submission to full Council for final approval.

76. Mental Health Implementation Plan Update (*Director of Child and Adult Services*)**Type of decision**

No decision required, for information.

Purpose of report

To provide an update to the Adult Services Committee on progress against the Mental Health Implementation Plan 2015-18.

Issue(s) for consideration

It was noted that the Hartlepool Mental Health Forum had set up a Task and Finish Group led by representatives from Hartlepool Borough Council and Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG) to support the development of a Local Mental Health Implementation Plan (MHIP). The Plan incorporated the key national and local mental health outcomes and the action plan was refreshed annually to demonstrate progress and reflect any changing national and local priorities.

The Chair of the Mental Health Forum informed the Committee that the Forum met on a quarterly basis with various speakers attending. A discussion ensued on the scheduling of future meetings and avoiding clashes with the meetings of this Committee. The representative from the Tees Esk and Wear Valley NHS Foundation Trust highlighted that a lot of good work had recently been undertaken around supporting Syrian refugees.

A member of the public sought an update about respite care which was referred to at a previous meeting. The Chair responded that a

consequence of the current national direction was a move towards people remaining within their own homes and communities and with families but it was important to ensure the best quality of care was provided. It was noted that an update report on this issue would be submitted to the Committee early in the new municipal year.

Decision

The progress made in relation to the Mental Health Implementation Plan and the Crisis Care Concordat Action Plan was noted.

77. Update: Care Homes for Older People (*Director of Child and Adult Services*)

Type of decision

No decision required, for information.

Purpose of report

To provide the Adult Services Committee with an update in relation to care home provision for older people.

Issue(s) for consideration

The report included a number of developments that had occurred since the last report was submitted to the Committee in the following areas:

- CQC Ratings – a summary of current ratings was attached at Appendix 1.
- HBC Quality Standards Framework – the grades awarded to homes were attached at Appendix 1.
- Sheraton Court Care Home – Change in Ownership.
- Former Manor Park Care Home site – The site was being redeveloped by a new provider and will open as Rossmere Park Care Centre within the next 3-4 months.
- Former Admiral Court Care Home – Qualia Care had recently purchased this site and significant refurbishment work was ongoing. The home was expected to be operational toward the end of 2017.

A discussion ensued on the potential level of availability of places within residential homes in Hartlepool in view of the above. The Assistant Director emphasised the importance of ensuring choice

was available to potential residents and their families in providing care to meet their specific needs. The good news was that through the above proposals, capacity for residential and nursing beds would be increased within the town which would reduce reliance on out of area placements.

Decision

That the report be noted and the Committee continue to receive further updates on a regular basis.

78. Deputyship Review by Office of the Public Guardian *(Director of Child and Adult Services)*

Type of decision

No decision required, for information.

Purpose of report

The purpose of this report was to update the Adult Services Committee on the outcome of a recent visit from the Office of the Public Guardian to review practice in Hartlepool.

Issue(s) for consideration

A recent visitor from the Office of the Public Guardian met with the User Property and Finance Team to review team practice and procedures relating to the Corporate Deputyship function and to audit a number of Deputyship cases on behalf of the Court of Protection. This visit was part of a routine assurance process that was undertaken for all Local Authorities. In addition to all key standards being met, the visitor commended the User Property and Finance Team who worked in conjunction with Social Care Officers as follows: "Hartlepool Borough Council's User Property and Finance Team are highly experienced and demonstrate a very high standard of management and governance in relation to their deputyship responsibilities. The systems in place support the clients ensuring that their best interests are safeguarded at all times."

On behalf of the Committee, the Chair passed on thanks to the Team for all their hard work and commitment in undertaking this very important role and for the receipt of the above commendation from the Office of the Public Guardian.

Decision

That the excellent outcome of the recent visit from the Office of Public Guardians to review the service provided within Adult Services be noted.

79. Transforming Care – North East and Cumbria
(*Director of Child and Adult Services*)**Type of decision**

No decision required, for information.

Purpose of report

To provide an update to the Adult Services Committee members on the progress of the North East and Cumbria Transforming Care Programme.

Issue(s) for consideration

The Tees Integrated Commissioning Group (TIC) brought together learning disability and autism commissioning leads from the four Tees Local Authorities and two Clinical Commissioning Groups (CCGs). A community pilot had supported the discharge of a cohort of highly complex and challenging individuals into the community with the community provider and inpatient staff working into people's new homes to ensure robust transition and support.

A discussion ensued on the financial implications for the Local Authority from the closure of NHS beds and the subsequent provision of local authority care and support in the community. It was noted that concerns had been raised formally with the Transforming Care Board and NHS England by the North East Association of Directors of Adult Social Services and the Association of North East Councils, the Teeswide Safeguarding Adults Board and the Tees Integrated Commissioning Group. A regional Finance Group was undertaking further work on the issue of dowries and financial implications for Local Authorities and further updates would be submitted to the Committee in due course.

The Chair reiterated the importance of ensuring that the care and support provided within the community was appropriate to the level of need.

Decision

That the update and progress against the regional plan be noted and approved.

80. Waverley Terrace Allotment Project – Progress Update (*Director of Child and Adult Services*)**Type of decision**

No decision required, for information.

Purpose of report

To provide the Adult Services Committee with a progress update regarding the Waverley Terrace Allotment Project.

Issue(s) for consideration

The report outlined the progress made across a range of areas including a 5-year master plan that had been developed for the site, key linkages had been developed across other Departments within the Local Authority and other organisations. The Head of Service informed the Committee that Tesco had recently donated £10k to further develop the accessible garden on site.

Members were extremely supportive of the project as it provided life skills and opportunities for people who otherwise may not have had the chance to participate in such a project. In response to a question from a Member, the Head of Service confirmed that one of the aims of the 5-year plan was for the project to run on a cost neutral basis at the end of the plan through for example selling produce. A member of the public expressed some concern at the inconsistencies across the guidelines for allotment holders in that local authority allotment holders were forbidden from selling produce from their plots. The Chair indicated that the concerns expressed would be forwarded to the Chair of Neighbourhood Services Committee as allotments service was under the function and remit of that Committee.

The Chair added that the social gain from participation in the project cannot be accounted for in financial terms and he hoped the 5-year business plan would ensure the continued success into a long term viable future for the project.

Decision

- (1) That the positive progress that has been made to further develop the Waverley Terrace Allotment Project be noted and that a further update report be received when the Year two report was submitted.
- (2) That the concerns expressed in relation to the inconsistencies within the guidelines for allotment holders and the selling of produce be forwarded to the Chair of Neighbourhood Services Committee.

81. Review of Housing Related Support Services
(*Director of Child and Adult Services*)**Type of decision**

No decision required, for information.

Purpose of report

To provide the Adult Services Committee with information regarding a review of Housing Related Support Services which would contribute to the delivery of savings in 2017/18 and 2018/19, as reported previously.

Issue(s) for consideration

The report outlined the current service provision with a number of services excluded from this review due to having already been subject to review and funding cuts over the last two years. The following services were subject to the review:

- Community Alarms
- Assistive Technology
- Housing Related Support for Older People
- Floating Support for People with Complex Needs
- Extra Care

The proposals for each of the above service areas were outlined in the report.

In response to a question, the Assistant Director confirmed that the reduction in low level support was due to a duplication of service with telecare provision.

Decision

That the outcome of the review of Housing Related Support Services, which would contribute to the delivery of savings in 2017/18 and 2018/19 as agreed on 1 December 2016 be noted.

82. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following items 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.

83. Any Other Business – Last meeting of the Committee in the Municipal Year

The Chair noted that this was the last meeting of the Adult Services Committee in the current municipal year and thanked everyone for their attendance and very valuable contribution to the business considered throughout the year.

The meeting concluded at 12 noon

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 9 March 2017

ADULT SERVICES COMMITTEE

22 June 2017



Report of: Director of Child & Adult Services

Subject: HOSPITAL DISCHARGE UPDATE

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to provide the Adult Services Committee with an update in relation to hospital discharges and delayed transfers of care.

3. BACKGROUND

- 3.1 Reports to Adult Services Committee in February and November 2016 provided an update in relation to hospital discharge arrangements and actions that had been taken following Healthwatch Hartlepool's Hospital Discharge Project. These reports confirmed that actions had been implemented, or were being taken forward through Better Care Fund planning and also indicated that there had been an increase in delayed transfers of care nationally, regionally and locally.

- 3.2 Since these reports to Adult Services Committee, there has been a continued national focus on hospital discharges and the wider context of pressures on health and social care.

4. CURRENT POSITION

- 4.1 Following this issue being raised at the Health & Wellbeing Board, there has been a consideration of Delayed Transfers of Care by the Audit & Governance Committee.

- 4.2 The final report to the Audit & Governance Committee on 23 March 2017 identified that, while the very challenging target within the Better Care Fund plan was not being achieved, local data showed a significant improvement in performance in recent months. For example, the number of delays reported in the week commencing 6 March 2017 was three for Hartlepool; the lowest number of delays since this measure was introduced. Of these three, one was a lengthy delay relating to a patient choice issue; the other two were short delays while people were waiting for Pre Admission Assessments to be undertaken by their chosen care home.
- 4.3 Factors that contributed to this improvement in performance include:
- Daily Discharge Planning Meetings;
 - Weekend working arrangements within adult social care;
 - Weekend working arrangements within the FT's Discharge Liaison Team;
 - Implementation of the Patient Choice Policy which has ensured that patients and their families receive consistent messages and appropriate support to consider alternatives;
 - Development of Integrated Discharge Pathways;
 - Support for people to access suitable out of area placements; and
 - Support for existing care homes to maintain current capacity.
- 4.4 The position is expected to improve further over the next 6-12 months with one new care home operational from May 2017 and another planned development early in 2018. The new Rossmere Park Care Centre has significantly increased availability of both residential and nursing care beds within Hartlepool and will reduce reliance on out of area placements for those people who wish to stay within Hartlepool.

5. RISK IMPLICATIONS

- 5.1 There are risks associated with older people staying in hospital for longer than is essential. These can include hospital acquired infections, loss of muscle tone and increased dependence.
- 5.2 There are risks for the wider health and social care system if people are delayed in hospital, as this puts pressure on hospital services and on community health services and social care. Hospital stays that are longer than necessary may also increase the likelihood of admissions to 24 hour care settings.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial implications specifically associated with this issue.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations associated with this report.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations associated with this report.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity implications associated with this report. Issues regarding delayed transfers of care primarily impact on people aged 65 and over as this age group represents the majority of people who are discharged from hospital with identified social care needs or ongoing health needs.

10. STAFF CONSIDERATIONS

- 10.1 There are no staffing considerations associated with this report.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations associated with this report.

12. RECOMMENDATIONS

- 12.1 It is recommended that the Adult Services Committee note the contents of the report, including ongoing work to further reduce delayed transfers of care.

13. REASONS FOR RECOMMENDATIONS

- 13.1 Improvements to the hospital discharge process that reduce delayed transfers of care result in better outcomes for local people, including a reduction in readmissions following a hospital stay, reduced duplication through integrated working and a better experience for people using services and their families / carers.

14. CONTACT OFFICER

Jill Harrison
Assistant Director – Adult Services
Hartlepool Borough Council
Tel: 01429 523911
Email: jill.harrison@hartlepool.gov.uk

ADULT SERVICES COMMITTEE

22 June 2017



Report of: Director of Child & Adult Services

Subject: UPDATE: CARE HOMES FOR OLDER PEOPLE

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

- 2.1 To provide the Adult Services Committee with an update in relation to care home provision for older people.

3. BACKGROUND

- 3.1 There have been regular updates to Adult Services Committee since October 2015 providing details of CQC inspection ratings, vacancy data, and progress in the following areas:
- Provider/Manager Forums
 - HBC Care Home Meetings
 - Quality Schemes used by HBC and the CCG
 - Fee Negotiations
 - Support Provided to the Care Home Market.

4. PROGRESS UPDATE

- 4.1 Since the last report provided to Adult Services Committee on 2 March 2017 there have been a number of developments.

4.2 CQC Ratings

A summary of current CQC ratings is attached as **Appendix 1**. Two homes have recently been re-inspected and rated as 'Requires Improvement'. One of these homes was identified as Grade 3 home within the Council's Quality Standards Framework earlier this year and is subject to an in-depth action plan. The other provider is working closely with officers to quickly identify areas for improvement and implement an action plan.

4.3 Quality Standards Framework

Since the last report officers have been working closely with providers, managers and staff to implement any actions required from Action Plans. The home rated as Grade 3 has been prioritised to ensure that required improvements are made in a timely way. The home was allowed a three month period to make improvements and verification of evidence is underway to ensure the necessary quality levels have been achieved with a revised grading anticipated at the end of June 2017. **Appendix 1** sets out the grades for each home, and also provides the ratings from the last time the exercise was completed in October 2015.

4.4 Sheraton Court Care Home – Change in Ownership

As reported in March this home has had a change in ownership. There have been no issues with the transfer and the home remains very popular, with occupancy consistently at over 95%.

4.5 Rossmere Park Care Centre (former Manor Park Care Home)

As reported in March this home was purchased by Brookleigh Caring Services, a domiciliary care provider operating in Stockton, with plans to re-open the home providing residential and nursing care for older people.

The home successfully opened for residents on 22 May with an official opening planned in late June. Admissions are being managed in partnership with the provider to ensure a measured approach to achieving full occupancy for the home. Safety and comfort of residents is paramount and previous experiences of the impact of large numbers of admissions in a short space of time have led to adopting a more prudent approach which is working well.

The service is open with a total of 50 beds, 20 for general nursing care and 30 for residential or dementia residential placements.

Visits to the home have confirmed that there has been significant investment in the fabric of the building including a complete refurbishment of all bedrooms, addition of en-suite facilities in many rooms, new bathrooms and new equipment in the kitchen and sluice areas. The home has benefitted from the addition of a new hair salon, a cinema room and modern bright lounge areas. The external space of the building has also been improved with the car park being block paved and work underway to create a private garden.

4.6 Former Admiral Court Care Home

As reported in March this former care home has been purchased by a new provider (Qualia Care) and remains closed at the present time. A significant amount of work is required to bring this care home back into operation and the new owner is currently awaiting a report from the newly appointed building contractor which will advise on the remedial work required and timescales for completion. The provider has advised that they do not expect the home to be operational before the first quarter of 2018.

4.7 HBC Provider Forums / Managers Meetings

Regular discussions with proprietors and managers continue and there is good engagement from care home providers. The most recent meeting held in February discussed:

- HR recruitment & training supported by HBC Economic Regeneration and Adult Education;
- The Herbert Protocol delivered by Inspector Spencer, Cleveland Police;
- Delirium Update facilitated by Intensive Community Liaison Service (ICLS); and
- a shared review of the QSF results led by the HBC Commissioning.

These sessions continue to have an excellent attendance rate and feedback regarding relevance is good, with topics scoring 4 & 5 (5 being relevant & useful) in the main. Some of the comments made by attendees following the last session reflected on how useful the information on delirium, the Herbert Protocol and Safe Haven had been.

4.8 CCG/HBC Training & Education Programme

Since the last update North Tees & Hartlepool Education Alliance has been launched. This is essentially a partnership between Hartlepool Borough Council, Stockton-on-Tees Borough Council, Hartlepool & Stockton on Tees CCG, North Tees & Hartlepool NHS Foundation Trust, Tees Esk and Wear Valley Foundation Trust and Alice House Hospice to provide a range of training for care homes.

The programme covers Revalidation of Nursing Registration, Palliative Care Awareness, Dementia Awareness, Falls Prevention and Wellbeing of the Elderly and the training aims to increase confidence of care home staff by providing practical skills training within a care home setting. The training is being delivered in each locality to facilitate staff to attend.

The training includes, but is not limited to:

- Principles around end of life care planning and having difficult conversations;
- Early detection and treatment of the symptoms of delirium;
- Understanding falls and the prevention of falls;
- Recognition of deterioration in residents of care homes;
- Skin integrity; and
- Fluids and nutrition.

The aim of targeted training in care homes is to empower staff to provide better care for residents and assist in the reduction of hospital admissions. Initial sessions have been held in Stockton homes and the programme is now being delivered in Hartlepool with all homes engaged in supporting their staff to attend.

4.9 HBC Fee Negotiations

Fee negotiations were completed with care homes during the first 3 months of the calendar year with fees offered to care homes before 1 April 2017. The fees were based on a basket of indices taking into account National Living Wage and inflationary uplifts linked to the Office of National Statistics (ONS). Feedback from proprietors is that the Council worked positively with providers and gave a clear rationale for the fee levels proposed.

Providers in many cases have accepted the fee uplift without prejudice and are still in discussion around the cost of care linked specifically to their home or organisation. Providers have asked for further information regarding new funding streams reported in the media both from the additional social care precept on Council Tax and the improved Better Care Fund (iBCF), which specifically identifies the requirement for Local Authorities to support the social care provider market. Providers have been advised that there is work underway to ascertain how best to utilise the additional funding and that Local Authorities are awaiting more detailed guidance regarding some of the funding.

Providers continue to express concerns about the financial pressures they are under, particularly within the nursing sector, linked to the inability to recruit and retain nurses; equipment costs and the increasingly complex needs of people who need nursing care. Some of the concerns regarding complexity of individuals requiring nursing care are expressed equally by providers of residential care.

5. **RISK IMPLICATIONS**

- 5.1 There continue to be significant risks associated with availability of sufficient care home places for older people. If places are not available within Hartlepool for older people assessed as requiring residential care, the number of out of area placements will continue to increase in order to meet needs. Lack of care home placements can also impact on delayed transfers of care (delayed discharges from hospital), with people who are medically fit staying in hospital because their home of choice is not available.
- 5.2 The opening of Rossmere Park Care Centre will provide much needed capacity, particularly within nursing care and work continues to support existing and potential new providers to ensure sufficiency within a very challenging business environment.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are significant financial considerations associated with the issue of care home provision, including the fair cost of care and implementation of the National Living Wage. There are no financial considerations specifically linked to this report.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal implications associated with this report.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations associated with this report.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations associated with this report.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations associated with this report.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations associated with this report.

12. RECOMMENDATIONS

- 12.1 It is recommended that the Adult Services Committee note the contents of this report and receive a further update in six months.

13. REASONS FOR RECOMMENDATIONS

- 13.1 The Adult Services Committee has identified care home provision for older people as a priority due to the role of care homes in supporting vulnerable older people.

14. CONTACT OFFICER

Jeanette Willis
Head of Strategic Commissioning – Adult Services
Hartlepool Borough Council
Tel: 01429 523774
E-mail: jeanette.willis@hartlepool.gov.uk

CARE HOMES FOR OLDER PEOPLE

CQC Published Ratings

| Care Home | Publication Date | Rating |
|------------------|-------------------|----------------------|
| Sheraton Court | 04 September 2015 | Good |
| Elwick Grange | 03 December 2015 | Good |
| Warrior Park | 31 March 2016 | Good |
| Charlotte Grange | 02 April 2016 | Requires Improvement |
| West View Lodge | 08 April 2016 | Good |
| Lindisfarne | 09 August 2016 | Requires Improvement |
| Queens Meadow | 27 August 2016 | Requires Improvement |
| Brierton Lodge | 31 October 2016 | Good |
| Dinsdale Lodge | 21 November 2016 | Requires Improvement |
| Clifton House | 6 December 2016 | Requires Improvement |
| Stichell House | 27 January 2017 | Good |
| Wynyard Woods | 15 February 2017 | Good |
| Gretton Court | 29 March 2017 | Requires Improvement |
| Seaton Hall | 29 March 2017 | Requires Improvement |

Vacancy Position: 30 May 2017

| Care Provision | Available Beds |
|------------------------|----------------|
| Residential Only | 48 |
| Nursing Only | 17 |
| Residential or Nursing | 1 |

Out of Borough Placements

| Year | Admissions |
|---------|---------------------------|
| 2013/14 | 3 |
| 2014/15 | 9 |
| 2015/16 | 15 |
| 2016/17 | *51 (as at 31 March 2017) |

Figures based on permanent new admissions of people aged 65+

* 33 placements for nursing care, 18 placements for residential care

| Care Home | 2015 | 2017 |
|------------------|---------|---------|
| Brierton Lodge | Grade 1 | Grade 1 |
| Charlotte Grange | Grade 2 | Grade 2 |
| Clifton House | Grade 2 | Grade 2 |
| Dinsdale Lodge | Grade 2 | Grade 2 |
| Elwick Grange | Grade 1 | Grade 1 |
| Gretton Court | Grade 1 | Grade 1 |
| Lindisfarne | Grade 2 | Grade 2 |
| Queens Meadow | Grade 1 | Grade 1 |
| Seaton Hall | Grade 2 | Grade 3 |
| Sheraton Court | Grade 1 | Grade 1 |
| Stichell House | Grade 1 | Grade 1 |
| Warrior Park | Grade 2 | Grade 2 |
| West View Lodge | Grade 2 | Grade 2 |
| Wynyard Woods | Grade 1 | Grade 1 |

ADULT SERVICES COMMITTEE

22 June 2017



Report of: Director of Child and Adult Services

Subject: DIRECT CARE AND SUPPORT SERVICES –
OUTCOME OF CQC INSPECTION

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

- 2.1 To inform Adult Services Committee of the outcome of a recent Care Quality Commission (CQC) inspection into the Direct Care and Support Service provided by Hartlepool Borough Council.

3. BACKGROUND

- 3.1 The CQC monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. The CQC ensure that health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.
- 3.2 The Direct Care and Support Service, based at the Centre for Independent Living is registered with the CQC and regulated by the Health and Social Care Act (Regulated Activities) Regulation 2014.
- 3.3 The Direct Care & Support Service (Hartlepool) is a domiciliary care service which provides reablement support (short term support, usually following a hospital discharge), a 'telecare' response services (responding to technology that helps people live at home longer) and an emergency respite care service for family carers to over 2,000 people in the Hartlepool area.
- 3.4 The CQC undertook an inspection of the Direct Care and Support Service provided by Hartlepool Borough Council on 10, 16 and 17 February 2016 and rated the service as 'Requires Improvement' in three of the five domains and 'Requires Improvement' overall.

3.5 An action plan was implemented to address the issues identified by the CQC, and to deliver the required improvements.

3.6 The service was re-inspected on 25 April, 26 April and 5 May.

4. REPORT FINDINGS

4.1 CQC rated the service as follows:

| Ratings | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

4.2 The full inspection report is attached as **Appendix 1** and provides an overall summary of the inspection and detail for each of the domains.

4.3 Good practice was identified within all five domains, as outlined in the inspection report. Positive feedback included:

- People told us they felt safe when receiving care and support from staff at the service.
- Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support vulnerable adults.
- The service used a 'call confirm' system which enabled supervisors to check staff were on time and to track the duration of people's care visits. This was an accurate and effective system and people received their calls as scheduled.
- People and relatives we spoke with said they felt staff had the right skills to provide the care they needed.
- Training records showed staff members had completed up to date training in areas such as moving and assisting, emergency first aid and food hygiene.
- Staff were supported with their professional development through regular supervisions, annual appraisals and direct observations of their care practice.
- People told us staff were caring, friendly, helpful and respectful. They described how staff respected their privacy and promoted their independence.

- People's care plans contained guidance for staff about how to support people with their care needs.
- People knew how to complain if they had a concern and were frequently asked for views about the service. Any issues raised were acted upon.
- The provider ensured the quality of the service was assessed and monitored by carrying out regular audits of all aspects of the service delivered.

5. RISK IMPLICATIONS

5.1 There are no risks identified in response to this inspection.

5.2 The service must meet regulations made under powers set out in the Health and Social Care Act 2008 and the CQC has a wide set of powers that aim to protect the public and hold registered providers and managers to account. In addition, a new enforcement policy is in place enabling CQC to take action where they identify poor care, or where registered providers and managers do not meet the standards required in the regulations. A service that repeatedly fails to deliver required improvements or is rated inadequate can ultimately have registration cancelled.

6. FINANCIAL CONSIDERATIONS

6.1 There are no financial considerations associated with this report.

7. LEGAL CONSIDERATIONS

7.1 There are no legal considerations associated with this report.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations associated with this report.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations associated with this report. The efforts of all staff involved in delivering the improvement action plan should be recognised.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations associated with this report.

11. RECOMMENDATIONS

- 11.1 It is recommended that the Adult Services Committee notes the inspection report and the improvements that have been delivered.

12. REASONS FOR RECOMMENDATIONS

- 12.1 The Direct Care and Support Service supports vulnerable adults and the improvements made will have a positive impact on the quality of care delivered.

13. CONTACT OFFICER

Neil Harrison
Head of Service (Child & Adult Services)
Hartlepool Borough Council
Tel: 01429 523751
Neil.harrison_1@hartlepool.gov.uk

Hartlepool Borough Council

Direct Care and Support Team

Inspection report

Burbank Street
Hartlepool
Cleveland
TS24 7NY

Tel: 01429401751

Date of inspection visit:

25 April 2017

26 April 2017

05 May 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 25, 26 April and 5 May 2017 and was announced. The last inspection of this service was carried out in February 2016.

Direct Care & Support Team (Hartlepool) is a domiciliary care service which provides reablement (short term support usually after people are discharged from hospital), 'telecare' services (technology to help people live at home longer) and emergency respite care for family carers to over 3000 people in the Hartlepool area. At the time of this inspection, 21 people were receiving personal care and reablement support for a period of up to six weeks.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of this service in February 2016, we gave the service a rating of 'requires improvement' and asked the provider to take action to make improvements. This was because we found the provider had breached Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found the provider did not have accurate records to support and evidence the safe administration of medicines. We found gaps and inaccuracies in medicines records. Some staff had not completed up to date training in key areas, staff supervision records were not up to date, and direct observations of care did not happen regularly. The provider did not have audits in place for medicines and care plans.

During this inspection we found the provider had made significant improvements in all of these areas and was now meeting all of the regulations that we inspected against.

Medicines were managed safely. Medicine administration records were completed correctly. Prescribed creams were recorded as administered on topical medicines application records and body maps to highlight where staff should apply creams and ointments were in place. Increased checks on medicines had been effective in identifying areas for improvement and reducing the risk of further errors.

People told us they felt safe when receiving care and support from staff at the service. Staff had a good understanding of safeguarding procedures and how and when to report concerns. Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support vulnerable adults.

People and relatives we spoke with felt there were enough staff to meet people's needs. The service used a 'call confirm' system which enabled supervisors to check staff were on time and to track the duration of people's care visits. This was an accurate and effective system. People received their calls as scheduled.

Risks to people's health and safety were assessed and reviewed. Accidents and incidents were recorded and dealt with appropriately and analysed to look for trends.

People and relatives we spoke with said they felt staff had the right skills to provide the care they needed. Training records showed staff members had completed up to date training in areas such as moving and assisting, emergency first aid and food hygiene since the last inspection. Staff were supported with their professional development through regular supervisions, annual appraisals and direct observations of their care practice.

People told us staff were caring, friendly, helpful and respectful. They described how staff respected their privacy and promoted their independence. People were given a service user guide when they began to receive care. This contained information about how to make a complaint and how to access independent support and advice.

People's care plans contained guidance for staff about how to support people with their care needs. Their needs were reviewed regularly and managed responsively. People knew how to complain if they had a concern and were frequently asked for their views about the service. Any issues raised were acted upon.

The provider ensured the quality of the service was assessed and monitored by carrying out regular audits of all aspects of the service delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines were managed safely.

People told us they felt safe when receiving care and support.

Risks to people's health and safety were assessed, managed and reviewed regularly.

Staff had a good understanding of safeguarding vulnerable adults and their personal responsibility to report matters of a safeguarding nature, should any concerns arise.

Is the service effective?

Good ●

The service was effective.

People and relatives we spoke with said staff had the right skills to provide the care they needed.

People were supported to access health care services when needed.

Staff received training to help them provide the right care and support to people.

Staff received regular supervisions and appraisals. Observations of care happened regularly.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care they received.

People told us staff were caring and helpful.

People told us staff often did more than was expected of them.

Staff had a good understanding of the importance of treating people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before care was provided.

People's needs were reviewed when they changed and their support was adjusted accordingly.

People told us they felt confident to express any concerns or complaints about the service they received.

Information about the provider's complaints process was given to people when they began receiving care and support.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager.

Staff told us the registered manager was approachable and supportive.

A comprehensive quality monitoring system was in place to assess the quality of care people received.

People's feedback was sought regularly and acted upon.

Direct Care and Support Team

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25, 26 April and 5 May 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. We visited the provider's offices on 25 and 26 April 2017. On 5 May 2017 we sought the views of people who used the service and their relatives via telephone. The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with five people who used the service and two relatives. We also spoke with the registered manager, a head of service (representative of the provider), four supervisors and three homecare workers. We asked staff to complete a questionnaire and received 17 responses.

We looked at a range of records which included the care records of four people who used the service, medicines administration records for eight people, records for nine staff, and other documents related to

the management of the service.

Is the service safe?

Our findings

At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not have accurate records to support and evidence the safe administration of medicines.

At this inspection we found this had improved. We viewed eight people's medicines administration records (MARs) and found they had been completed accurately. Codes for non-administration were used appropriately and the reasons documented clearly on the reverse of the MAR. Prescribed creams were recorded as administered on topical medicines application records (TMARs) and body maps to highlight where staff should apply the creams and ointments were in place. This meant staff had access to information about how and where to apply people's prescribed creams in line with the instructions on people's prescriptions.

The registered manager told us that since the last inspection they had reviewed the quality assurance procedures for medicines. They told us, "We've changed the layout of medicines administration records to reduce the risk of errors. The supervisors and I now do more regular audits of medicines records. We're currently doing a 100% check of medicines records to be sure."

A supervisor we spoke with told us care staff contacted the duty supervisor when they administered medicines to talk through each medicine to be administered. This served as an extra check and had been effective in reducing the risk of medicine errors. A supervisor told us, "I think we're getting there with medicines now."

We asked people if they felt safe when receiving care and support from staff. Comments from people included, "Staff made me feel more secure in myself" and "I felt much safer knowing the staff were coming in a few times a day."

Staff had a good understanding of safeguarding adults and their role in preventing abuse. They knew how to report concerns and were able to describe various types of abuse. Staff we spoke with said if they had any concerns they would raise them with the registered manager or supervisors immediately. Staff told us they were confident safeguarding concerns would be dealt with appropriately. Records showed staff had completed up to date safeguarding training.

During our inspection one staff member raised safeguarding concerns with a supervisor. We saw how information was recorded immediately and passed to the person's social worker. This meant safeguarding concerns were responded to promptly and appropriately.

One staff member had been recruited since the last inspection. Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support vulnerable adults. The service had requested and received references, including one from their most recent employer. Background checks had been carried out, gaps in employment history were accounted for and proof of identification had

been provided. A disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The service provided 24 hour support to people seven days a week. Eight supervisors, who were based in the registered office, were employed and 30 care assistants. People and relatives we spoke with felt there were enough staff to carry out visits, and spoke positively about the service. Comments included, "I couldn't have asked for better," "It's been really good" and "Staff always took the time needed to see to me."

The service used a 'call confirm' system which enabled supervisors who were office based to check staff were on time and to track the duration of visits. Each staff member had a hand held device which was linked to the provider's computer system. When staff attended people's homes they checked their device against an electronic 'tag'. This was an accurate and effective system which alerted supervisors when staff had not turned up on time or visits had not lasted for the correct length of time. Supervisors told us there was a 15 minute 'tolerance' either way which meant a call would show up on the system as early or late if a staff member attended 15 minutes early or late. The registered manager told us how they used this system to measure compliance with people's scheduled visits. Records confirmed people received their calls as scheduled.

Risks to people's health and safety were assessed, managed and reviewed regularly. There were clear risk assessments relating to people's needs in relation to medicines and mobility for example. Any accidents or incidents that occurred during the delivery of care were logged in a person's care notes and reported by care staff to the office and social workers. Records showed accidents and incidents were reported and dealt with appropriately and analysed for trends, although no trends had been identified.

Is the service effective?

Our findings

At the last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some staff had not completed up to date training in key areas, staff supervision records were not up to date, and direct observations of care did not happen regularly.

At this inspection we found this had improved. Staff told us and records confirmed training in topics which the provider deemed compulsory was up to date. Training records showed staff members had completed training in areas such as moving and assisting, emergency aid and food hygiene since the last inspection. Staff told us they felt they had sufficient training to support them in their role.

The provider used a computer-based training management system which identified when each staff member was due to undertake further training. The registered manager had oversight of this which meant they could keep track of staff training needs.

The provider made sure staff had sufficient support with their professional development. Staff told us they had regular supervisions with a supervisor and records confirmed this. Supervisions are meetings between a staff member and their manager to discuss training needs, the needs of the people they support and how their work is progressing. We saw staff had individual supervisions about their performance and group supervisions with learning points, for example about medicines administration and the application of topical creams. During this inspection we found staff members who had been employed for over one year had taken part in an annual appraisal. During these appraisals future training and development needs were identified for each staff member, and staff were supported with their professional development.

Records confirmed staff were assessed through regular spot checks or direct observations of the care they provided. Each spot check had a theme such as food hygiene or dignity and respect. Staff were given feedback after the spot check which meant issues were addressed promptly. For example, one staff member was given guidance by their supervisor on hand hygiene. Records showed all staff had received at least two spot checks since the last inspection.

A rota was in place to ensure supervisors completed weekly spot checks. One of the supervisors told us, "We do loads of staff observations now." This meant supervisors were given time to assess the quality of care provided.

People and relatives we spoke with said they were happy with the service and felt staff had the right skills to provide the care they needed. One person told us, "They seem to know what they are doing."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with MCA legislation.

People told us staff sought permission before providing care. We saw evidence that people currently using the service had consented to their care, treatment and support plans as people's care records contained signed statements to this effect.

People received support with nutrition and making meals as part of their individual care package, where they had needs in this area. One person said, "Care staff were a great support and encouraged me to eat at the correct times and prompted me to take my medicines."

Records showed care staff worked alongside other health care professionals such as the hospital discharge team and rapid response nursing team. If needed, people were supported to access a range of medical appointments such as GP, hospital and optician visits.

Is the service caring?

Our findings

We spoke with people and relatives about the short term care and support packages they had received. People and relatives we spoke with were happy with the care and support provided. People told us care staff were caring, friendly, helpful and respectful. People's comments included, "I was delighted with the care I received," "The staff were kind, caring and pleasant," and "It's an excellent service as the staff are great. They have been so supportive."

Staff had a good understanding of the importance of treating people with dignity and respect. Staff described how they ensured people were respected by explaining to them what was happening, being discreet, and keeping people covered when doing personal care.

A person told us, "Care workers knock and wait to be called in." A relative said, "My wife left the door open for staff to come in but staff always asked if it was okay to enter."

People told us staff often did more than was expected of them. One person said, "The care staff went above and beyond their remit." The provider had received a compliment from a person's social worker thanking staff for 'going out of their way' to help sort a person's belongings.

People and relatives told us how staff promoted people's independence. One person said, "I had great confidence in the staff. They helped me get my independence back." A relative told us, "I was very happy with the carers. They enabled [family member] to maintain their independence after a hospital stay." Staff told us how important it was to promote people's independence. A staff member said, "We're all about promoting people's independence."

The registered manager and supervisors had received several thank you cards and letters from people who used the service and their relatives. Comments included, 'You have been total stars to our [family member]. We can't thank you enough you are true angels,' 'Thank you for the support provided to [family member]. The girls were lovely and very helpful' and 'I cannot speak highly enough of the carers. I am extremely thankful for their care and support.'

Each person who used the service had a copy of the service user guide and the provider's statement of purpose in their care plan. The service user guide contained information about all aspects of the service, including how to make a complaint, how to access independent advice and assistance such as an advocate and contact details for the registered manager, supervisors (who were on call 24 hours a day) and the social services' emergency duty team. These were kept in people's homes so they could refer to them at any time.

Is the service responsive?

Our findings

The registered manager explained to us that sometimes people's care packages were put in place quickly due to discharge from hospital or other changes in circumstances. We saw daily meetings were held between the registered manager and the local hospital discharge planning team to manage this. A basic assessment of people's needs was carried out by a social worker and passed to the service before care was provided. A staff member from the service, usually a supervisor, then visited the person and obtained further information and carried out relevant risk assessments in relation to the person's ability to take their own medicines or walk unaided for example.

People's care plans included guidance for staff about how to support them with their care needs, such as personal care and eating and drinking. However, we found the majority of care plans were more task based rather than person centred. For example, one person's care plan stated, 'carer to support each lunchtime to prepare and serve main meal' but there was no detail what sort of food the person liked and how or where they liked to eat it. Staff we spoke with knew how to support people's individual needs but care records did not always reflect this.

When we discussed this with the registered manager they said they were looking at ways to improve care plans further and had recently introduced 'all about me' documents to capture people's individual needs and life history. We viewed three people's 'all about me' documents and found these contained more person-centred information and would help staff get to know what was important to the person. The registered manager said everyone who used the service would have this information in their care plans in future.

People's progress was reviewed regularly. Each person who used the service received support for up to six weeks, but not everybody who used the service required support for the full six weeks. People and staff told us that as people's health improved their support decreased to take this into account. Staff told us and records confirmed that where people needed additional support this was put in place quickly with no problems. This meant people's needs were managed responsively.

The provider had a complaints procedure which was included in the service users' guide and given to people at the start of their care package. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. Complaints could be made in person, in writing, or via email or phone.

One complaint had been received since the last inspection. This had been dealt with in a timely manner in line with the provider's policy. The registered manager had met with the person who made the complaint and written to them afterwards outlining the steps they had taken to address the concerns. The registered manager told us the person was satisfied with the outcome. Nobody we spoke with had needed to complain but they all said they wouldn't have a problem calling the office if anything was wrong.

Is the service well-led?

Our findings

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was no documented quality assurance process in place in relation to medicines administration and care plans.

At this inspection we found this had improved. There was a comprehensive system in place to review all aspects of care provided such as medicines administration, care plans and safeguarding incidents. Regular audits carried out by the registered manager and provider led to action plans with completion dates. Appropriate action was taken in a timely way. For example, the registered manager identified an error on a medicines administration record which resulted in guidance being given to a staff member. Records we viewed relating to weekly 'huddle' meetings showed these were effective in identifying operational issues and generating improvements.

Regular 'spot checks' of individual members of staff were carried out to check care and support was being provided to people in the right way. The outcomes of these checks were recorded and any issues were raised with staff. Records of spot checks were analysed to look for trends. Where further training needs were identified this was acted upon.

The provider's representative told us, "We've focused on medicines, training, staff observations, leadership and audits since the last inspection. We now have a weekly 'huddle' meeting where we discuss operational issues such as staffing levels, the call confirm system and safeguarding. We also discuss the registered manager's audits and findings at these meetings."

At the time of our inspection there was a registered manager in post who had been the registered manager since June 2013. People and relatives we spoke with felt the service was organised and well managed. Staff said the registered manager was approachable and supportive. Staff said they felt able to raise any issues they might have at any time.

On the days of the inspection the registered manager and the supervisors assisted us for the duration of the inspection. The management team consisted of the local authority's head of service (the provider's nominated individual), the registered manager and a team of eight supervisors who were responsible for the day to day management of the service.

Staff meetings happened every few months. Staff told us they had regular daily contact with the registered manager and supervisors where they were able to provide feedback about the service and, if necessary, people's changing needs. They also said their views were sought during regular supervisions and appraisals. Staff clearly understood their role and knew what was expected of them.

The provider had asked the local Healthwatch to conduct an independent survey of people who used the service. In January 2017 Healthwatch Hartlepool representatives spoke with 14 people who spoke positively about their experience of using the service.

The provider sought feedback about the quality of the service from people who used the service through questionnaires when their care package came to an end. Feedback from recent surveys we viewed was positive. The provider analysed people's feedback every three months and produced a report which identified any actions to be taken to improve the service. Recent analysis of people's feedback identified some people didn't know where to go to access additional information about local authority services. Each person who used the service was given details of 'Hartlepool Now' (a website of local services) to address this. Staff could also access this information on their work mobile phones to share with people. This showed that people's feedback was acted upon.

ADULT SERVICES COMMITTEE

22 June 2017



Report of: Director of Child and Adult Services

Subject: TRANSFORMING CARE: RESPITE SERVICES
REVIEW UPDATE

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

- 2.1 To updates the Adult Services Committee on the review of health funded respite care for adults with a learning disability and complex needs, linked to the wider Transforming Care agenda.
- 2.2 The updates will include:
- progress of the project;
 - findings of the initial stakeholder engagement activities; and
 - next steps and timescales.

3. BACKGROUND

- 3.1 Transforming Care and the Five Year Forward View include a strong emphasis on personalised care and support planning, personal budgets and personal health budgets to put people at the centre of their care to enable maximum choice and control about how needs are met.
- 3.2 There is a need to co-design and implement an effective, resilient and flexible community model of services and support to facilitate timely discharge from inpatient setting and to prevent admissions to such facilities.
- 3.3 The Five Year Forward View focuses on breaking down the barriers in how care is provided between family doctors and hospitals, between physical and mental health and also between health and social care.

- 3.4 The Care Act 2014 strengthens Local Authority and Clinical Commissioning Group obligations to carers, to ensure that they are supported in their roles.
- 3.5 Hartlepool and Stockton-on-Tees Clinical Commissioning Group and South Tees Clinical Commissioning Group (the CCGs) have been requested to review existing respite care services for adults with a learning disability in relation to the intentions of the national Transforming Care agenda.
- 3.6 The review focuses on health respite services for people with learning disabilities and complex needs in the CCG areas. This is to ensure that these services appropriately meet the needs of the population now and into the future.
- 3.7 The CCGs are working in partnership with the four Local Authorities across the CCG areas to ensure that the review considers the services available for people with complex health and social care needs. A Respite Task and Finish Group with membership from CCGs, North East Commissioning Support (NECS) and Local Authorities has been established and is working together to further the project.
- 3.8 The NHS Act 2006 (including as amended by the Health and Social Care Act 2012) and S.3a of the NHS Constitution set out a range of general duties on CCGs and NHS England which include requirements around involvement and engagement of users of health services at different stages of the commissioning process. NECS has a role in supporting the CCG to deliver on these obligations.

4. PROPOSALS

- 4.1 Currently NHS commissioned bed based respite provision is provided to Hartlepool and Stockton-on-Tees CCG and South Tees CCG populations by Tees Esk and Wear Valleys NHS Foundation Trust at Aysgarth, Stockton and Bankfields, Normanby.

5. PROGRESS TO DATE

- 5.1 Work has been undertaken to map respite services currently available, commissioned directly by the CCGs, by Local Authorities and by other means.
- 5.2 Analysis of capacity and activity within service settings has been undertaken in significant detail to enable a robust understanding of the current operation of the NHS respite services.
- 5.3 Analysis of the individual assessed needs of people who access the services has been undertaken in significant detail to support a robust understanding of the individual needs, prevalence and co-morbidities that exist within NHS respite services.

- 5.4 Work has been undertaken to understand the needs in relation to the current and potential population, available predictions and population indicators have been reviewed together with information that is available about numbers of children and young people who care known to health and social care services, and who are currently in transitional arrangements.
- 5.5 A Market Engagement exercise has been completed to consider capacity and capability within the market for any future potential procurement activity. Other research has been undertaken to look at models for delivery of respite care and support in place across the country.
- 5.6 Development work with the current provider of NHS bed based respite services continues in relation to the development of the assessment and allocations criteria.
- 5.7 Stakeholder engagement activities have been undertaken by local voluntary community sector organisations and have sought views and involvement from approximately 120 individuals across Tees. In addition 86 completed parent carer surveys have been received.

6. CURRENT AND FUTURE NEED

- 6.1 There are currently 43 people from the Hartlepool and Stockton-on-Tees localities regularly accessing services at Aysgarth, Stockton, 2 of these are from Hartlepool.
- 6.2 There are 3 young people (Stockton) who will reach 18 in the next four years who currently access bed based short break respite services at Baysdale, Roseberry Park and who are likely to need similar types of support into their adulthood and who would be likely to be referred to Aysgarth (based on geographic location).
- 6.3 There are 60 children and young people known to Hartlepool Borough Council's Transitions Teams who will reach 18 in the next four years who may have respite needs into the future.

7. STAKEHOLDER ENGAGEMENT ACTIVITIES

- 7.1 A range of engagement activities have been completed to seek views about the following:
- what respite means to different people (for example people with learning disabilities, families, carers and providers of services);
 - who benefits and how;
 - what works well with current services;
 - what needs to improve;
 - how services could be delivered differently in the future to ensure that they fully meet the needs of those using them, in the most appropriate way;

- how people receive support in an emergency; and
 - how services work together (including transport).
- 7.2 Engagement activities that have been developed include:
- a work placement for a person with lived experience to support with the facilitation of engagement and to support the involvement of other people with learning disabilities;
 - surveys for families and carers;
 - discussion groups across the CCG areas;
 - Information about personal experiences have been gathered;
 - distribution of information and engagement materials to relevant stakeholders; and
 - CCG and NECS attendance and discussion at Learning Disability Partnership Boards and other stakeholder forums across the Tees region.
- 7.3 Work has been undertaken to ensure that engagement activities have been effective and accessible to people with learning disabilities, their families and carers. This has included active and direct promotion of engagement opportunities and also sessions being held in a variety of locations and at various times of the day, including evenings and weekends.
- 7.4 The CCGs are working with Project Choice and have identified two appropriate individuals who can support in relation to the engagement activities and other aspects of the review for up to 6 months. The opportunity will also enable these individuals to gain valuable and transferrable skills for future employment and provide opportunity for experiencing the world of work.
- 7.5 Inclusion North were appointed to co-ordinate and quality assure a series of sessions to be facilitated by relevant Voluntary Community Sector Organisations to ensure that the CCGs can actively listen to the views of the people who participate.
- 7.6 Facilitated discussions took place throughout January and February 2017, located in each of the geographic boundaries (minimum of three focused sessions in each area) that are included within the Tees Project in order to capture a wide section of individuals, ensuring that the work includes a selection of people who have complex needs. Participation was widely promoted and encouraged across relevant stakeholder and networks.
- 7.7 The Hartlepool Learning Disability Partnership Board was one of the forums utilised to seek the views of local citizens and stakeholders to feed into the overall Tees project.
- 7.8 Four engagement activities took place in Hartlepool, held at Café 177 and Place in the Park on separate dates, with a total of 29 people being spoken to about their experiences and view of respite now and in the future. The people involved in these conversations were a mixture of parents, families and carers as well as people who use (or who may use) services.

- 7.9 A parent carer survey has been developed and circulated to relevant individuals who are currently using NHS provision or who have been identified as being stakeholders in the service.
- 7.10 Clear information (including an easy read version) has been published on both CCG websites to provide details and the background to the review and also provides guidance about how to get involved, either by completion of a questionnaire or by becoming involved with the facilitated discussions. Background information about current respite service provision, and why the review is taking place was also provided to support those who took part in the engagement activity.
- 7.11 The findings of the engagement activities and feedback from the completed parent carer surveys have been collected together and some common themes, priorities and challenges have been identified. Summary information is available at **Appendix 1** to this report.

8. SERVICE OPTIONS

- 8.1 The respite review project continues to analyse information from a wide range of sources. Feedback from people, their families and also the provider market confirms the following:
- Respite services enable people who use services and their carers to recharge their batteries and to create new opportunities to maximise wellbeing;
 - Demand is growing;
 - The complexity of need is increasing;
 - There are potential gaps;
 - There is potential duplication;
 - National and local policies influence operational delivery;
 - Availability of choice needs to improve;
 - Flexibility/responsiveness of services need to improve;
 - Cost effective and appropriate transport options need to be made available; and
 - Access to and allocation of service provision needs to be effective, flexible and responsive.
- 8.2 The information, research on other models, market engagement and informal engagement findings have been utilised to develop a number of possible options for the provision of health respite services for people with learning disabilities and complex needs in the future. These scenarios at this stage are ideas about how learning disability health respite services could be further developed or potentially delivered differently to best meet the needs of the local population and to support with delivery of collective commitments under the Transforming Care agenda.

- 8.3 Further development work is required to articulate in detail what the options might look like and it is the intention that these will be developed with individuals, families and parent carers as part of ongoing engagement and consultation opportunities.
- 8.4 If any proposals for change are taken forward that would mean a significant change to the way that health funded respite services for people with learning disabilities and complex needs are provided, then these proposals will be subject to formal consultation with the public. If they are not significant these will be subject to a further period of informal engagement.
- 8.5 The CCGs will continue to work with the Tees Valley Joint Overview and Scrutiny Committee, and with members of the four Tees Local Authorities throughout the review. The Tees Valley Joint Overview and Scrutiny Committee will be kept informed on progress and feedback.

9. RISK IMPLICATIONS

- 9.1 The Respite Task and Finish Group will be responsible for the identification and mitigation of risk.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 Any project undertaken on behalf of the CCGs is subject to compliance with S.149 of the Equality Act 2010 and measures are in place to ensure the public sector equality duty is met.
- 10.2 An Equality Impact Assessment has been produced and will be subject to ongoing review and update as the project and engagement progresses.
- 10.3 Inclusion North and the voluntary sector organisations that facilitated the discussion groups were instructed to ensure that the members of groups with protected characteristics, as defined by the Equality Act, were included in the discussions. Work has been done in relation to the discussion of any perceived impacts that might arise from any changes to services with participants as part of the ongoing Equality Impact Assessment process.

11. RECOMMENDATION

- 11.1 It is recommended that the Adult Services Committee notes:
- the progress summarised in the report;
 - the findings of the initial engagement work;
 - the required next steps and timescales; and
 - the proposals to co-develop a selection of service options which, if appropriate, will be subject to formal consultation.

12. REASONS FOR RECOMMENDATION

- 12.1 The review focuses on health respite services for people with learning disabilities and complex needs in the CCG areas. The CCGs are undertaking a review of existing services to ensure that these services appropriately meet the needs of the population now and in the future.

13. BACKGROUND PAPERS

- 13.1 There are no background papers for consideration in relation to this report.

14. CONTACT OFFICERS

Neil Harrison- Head of Service – Child and Adult Services
Hartlepool Borough Council
Tel: 01429 284371
Email: neil.harrison_1@hartlepool.gov.uk

Louise Dauncey
Senior Commissioning Support Officer
North of England Commissioning Support
Hartlepool and Stockton-on-Tees CCG
Tel 07827 272 007
Email: l.dauncey@nhs.net

Feedback from engagement activities and completed parent carer surveys.

The sections below provide a summary of what people have told us:

The engagement process

- Concern from family carers primarily regarding the reasons behind the engagement exercise and a real fear that services would be cut.
- People using respite services noted that their wishes are not always listened to with regards to respite.
- There needs to be consideration of 'who' respite is for when thinking about future provision.
- Important to consider the impact of any changes to service delivery would have upon the benefits that are received by individuals.

What respite means

- Respite means different things to different people, some people do not see day services as a form of respite, most people do not see services being offered at home as respite.
- Those who completed the questionnaire were parent carers for individuals who received services from a wide range of and sometimes multiple services. (Bankfields, Aysgarth, Baysdale, The Orchard, Kiltonview, Elmwood day service, St Vincents Day Service, Carers, PAS and Sitting service for hobbies and access to the community, TASC, Allensway, High Hills Day service, Ware Street. Catcote Futures, Hartburn Lodge, Croft Centre, Emmsworth and Warren Road).
- Words and phrases such as "break", "relax", "peace of mind", "safe place", "rest", "time out", "recharge", "anti stress" were particularly common in relation to the responses from carers about what respite means to them.
- Parent carers of individuals have identified that respite for the person being cared for is about being in a 'safe place' where they can "socialise", have a "change of scenery", receive "emergency care".
- Clarity about what respite is and a central point for information outlining all the respite options would be helpful to offer individuals and families greater clarity and choice.

The benefits of respite

- There is a real appreciation for the services currently available and a fear of "total breakdown" without the services. Of those people who responded to the questionnaire close to 80% of people felt that the services available always or often meet their needs as carers and for the individuals who access the respite services.
- The opportunity for both parties to engage in different things, connect with other people and have a break from one another.
- Common words or phrases from parent carers who completed the questionnaire in relation to what respite brings them as carers included "holidays", "family time", "housework", "to just be me for a while", "work", "socialise and go out with friends"

- Knowing that the health needs of their relative would be met and being able to trust staff. Words and phrases that were common within the questionnaire included “well trained staff”, “staff who have known my son for a long time”, and “dedicated professionals” and the “most caring people you could meet”.
- Common words or phrases used to describe what respite does to help the person that accesses the service included “making friends” learning new skills”, “activities or trips” “free time” “chill time” “medical activities/appointments”, “company of peers”.
- Access to new opportunities and developing greater independence important for those using respite services
- Peer support for families and the opportunity to make friends for those who access respite services.

Resources

- General awareness of how respite is funded would be helpful.
- Use of Direct Payments / Personal Health Budgets would appear to be more prevalent amongst younger individuals and their families and in certain areas for example Hartlepool.
- There can be debates around responsibility for provision of respite that are difficult for families.
- Clarity around the funding process would reduce what is perceived to be an added pressure on families.
- Staffing for people who use direct payments/personal health budgets can be problematic and can make consistency of care difficult.
- Location of respite is not a concern.
- Anxiety about whether wider community resources are equipped to meet the complex needs of people who require respite services.
- A mapping exercise to identify what is currently available and gaps may help.

Improvements for the future

- Nearly 60% of the people who responded to the questionnaire felt that there could be improvements to make respite services better meet their needs as carers. Common suggestions for improvements included “improving care”, “more respite time”, “more flexible services”, “improve facilities”, “more staffing resources”.
- Nearly 40% of the people who responded to the questionnaire felt that there could be improvements to make services better meet the needs of the person that they care for. Common suggestions for improvements were “better care” “better facilities”, “more flexibility” “improve transport arrangements” “more respite time”.
- Planning respite needs to be able to be booked in advance as well as at shorter notice and be flexible around the needs of the individuals not the services.
- Choice, particularly for those people with complex needs.
- Emergency provision, should not impact on already planned respite.
- Coordination, particularly for those Young People in Transition in relation to sources of funding, equipment and other resources.
- Information, a shared understanding of what respite means and all the possible options around this.

ADULT SERVICES COMMITTEE

22 June 2017



Report of: Director of Child & Adult Services

Subject: DISABLED FACILITIES GRANTS

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

- 2.1 To provide the Adult Services Committee with an update regarding Disabled Facilities Grants and progress that has been made to reduce waiting times.

3. BACKGROUND

- 3.1 A Disabled Facilities Grant (DFG) is provided to support someone with a disability to make changes to their home, for example to:
- widen doors and install ramps
 - improve access to rooms and facilities – e.g. stairlift or a downstairs bathroom
 - provide a heating system suitable for their needs
 - adapt heating or lighting controls to make them easier to use
- 3.2 A DFG can be up to £30,000 and does not affect a person's benefits. The amount a person receives depends upon their household income and savings and they may need to contribute towards the costs of the work.
- 3.3 To be eligible for a DFG a person must have a disability, be the owner or tenant of the property and intend to live in the property for the period of the grant (five years). The work required must be necessary and appropriate to meet the person's needs and be practical and reasonable, taking into account the age and condition of the property.

- 3.4 The process to access a DFG follows a request for assessment and support being made to Child & Adult Services. Other options are explored to meet needs which may include minor equipment and adaptations, access to support services and the possibility of re-housing. If these options do not meet the identified need and an adaptation is the most suitable and cost effective option the DFG process is commenced via an Occupational Therapist. There is national guidance setting out the criteria to be used and all work is completed on the principle of meeting assessed need in the most cost effective way.
- 3.5 Once the assessment is completed, the Council's Special Needs Housing Team completes the process, which includes undertaking financial assessments, obtaining quotes and identifying suitable contractors to undertake the work according to the specification.
- 3.6 At the time of the last report to Adult Services Committee in December 2015, the average waiting time for a DFG, from referral to completion of the work, was 207 days, and there had been 183 DFGs completed in the past 12 month period.

4. CURRENT POSITION

- 4.1 As at end of March 2017, the waiting list had reduced significantly from 110 at the end of 2015/16 to 48.
- 4.2 The average waiting time for a DFG had also reduced significantly to 189 days, when previous average waiting times of 346 days had been reported.
- 4.3 This improved performance has been achieved through additional investment in DFGs from the Better Care Fund Pooled Budget.
- 4.4 DFGs are available to both children and adults based on the national criteria summarised in Section 3. In the financial year 2016/17 213 DFGs were completed, comprising 235 adaptations (as some grants cover multiple adaptations to the same property). 224 of these (95%) were for adults and 65% of the total DFGs in 2016/17 were provided to people aged 65 and over.
- 4.5 The table below summarises the type of adaptations completed broken down by age group:

| DFGs Completed 2016/17 | | | | | |
|------------------------|-----------|-----------|-----------|-----------|-----------|
| Type of Adaptation | Under 18 | 18-40 yrs | 40-65 yrs | 65-80 yrs | 80+ yrs |
| Straight Stairlift | 0 | 1 | 9 | 14 | 17 |
| Curved Stairlift | 0 | 1 | 2 | 8 | 13 |
| Extension | 4 | 0 | 2 | 1 | 0 |
| Level Access Shower | 0 | 3 | 40 | 51 | 41 |
| Over Bath Shower | 2 | 2 | 7 | 1 | 1 |
| Ramp | 3 | 0 | 1 | 2 | 1 |
| Other | 2 | 2 | 2 | 2 | 0 |
| Total | 11 | 9 | 63 | 79 | 73 |

5. RISK IMPLICATIONS

- 5.1 There are no risk implications associated with this issue.

6. FINANCIAL CONSIDERATIONS

- 6.1 The Council has received a specific allocation for DFGs for a number of years. This is now part of the Better Care Fund (BCF), so spend and performance is monitored through the BCF Pooled Budget Partnership Board.
- 6.2 National allocations for DFGs have been the subject of significant increases since the BCF was implemented. The funding allocated for DFGs is subject to specific capital grant conditions which limit its use to DFGs (and potentially other capital expenditure within adult social care, if agreed by the BCF Pooled Budget Partnership Board).
- 6.3 The DFG allocation for Hartlepool for 2016/17 within the BCF allocation was £863,063. For 2017/18 this has increased to £930,517 (an increase of 7.8%) and a further increase is expected in 2018/19 based on previous national announcements.

7. LEGAL CONSIDERATIONS

- 7.1 There are no specific legal implications associated with this issue.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations associated with this issue. DFGs are available to children under 18 years of age without means testing of the parent(s) making the application.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations. DFGs are available to people of all ages who have a disability, to maximise independence.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations associated with this issue.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations associated with this issue.

12. RECOMMENDATIONS

- 12.1 It is recommended that Adult Services Committee note the contents of this report and progress that has been made to reduce waiting times.

13. REASONS FOR RECOMMENDATIONS

- 13.1 DFGs enable people with disabilities to remain in their own homes and maintain their independence for as long as possible.
- 13.2 Concerns have been expressed in the past regarding the waiting time for DFGs and work has been undertaken to reduce this by over 50%.

14. CONTACT OFFICER

Jill Harrison
Assistant Director – Adult Services
Hartlepool Borough Council
Tel: 01429 523911
Email: jill.harrison@hartlepool.gov.uk