

# **ADULT SERVICES COMMITTEE**

## **AGENDA**



**Thursday 14 June 2018**

**at 10.00am**

**in Committee Room B,  
Civic Centre, Hartlepool**

**MEMBERS: ADULT SERVICES COMMITTEE**

Councillors Hamilton, Little, McLaughlin, C Richardson, Tennant, Thomas and 1 vacancy.

**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 29 March 2018 (*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 Update: Care Homes for Older People – *Director of Adult and Community Based Services*
- 7.2 HealthWatch Hartlepool Enter and View Reports - *HealthWatch Hartlepool*

**8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

FOR INFORMATION

Date of next meeting – Thursday 12 July 2018 at 10.00am in the Civic Centre, Hartlepool.



## **ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD**

29 March 2018

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

### **Present:**

Councillor: Stephen Thomas (In the Chair)

Councillors: Lesley Hamilton, Brenda Loynes, Mike McLaughlin and Carl Richardson

Also present:

Evelyn Leck and Sue Little

Officers: Jill Harrison, Director of Adult and Community Based Services  
Jeanette Willis, Head of Strategic Commissioning – Adult Services  
Neil Harrison, Head of Service (Adults)  
David Ward, Head of Finance (Child and Adult Services)  
Daniel Briggs, Senior Trading Standards Officer  
Steven Carter, Health Improvement Practitioner  
Angela Armstrong, Principal Democratic Services Officer

### **78. Apologies for Absence**

Apologies for absence were received from Councillor Paul Beck, Frank Harrison and Gordon and Stella Johnston. The Chair informed the Committee that both Frank and Gordon had been unwell and on behalf of the Committee wished them both a speedy recovery.

### **79. Declarations of Interest**

Councillor Stephen Thomas restated his previously declared personal interest as an employee of Healthwatch Hartlepool.

### **80. Minutes of the meeting held on 1 March 2018**

Received.

## 81. **Suicide Prevention and Support for Men and Mental Health Issues** *(Interim Director of Public Health)*

### **Type of decision**

Non key.

### **Purpose of report**

The report was provided in response to a request by the Chair of Adult Services Committee.

### **Issue(s) for consideration**

The report noted that suicide and non-fatal self harm account for more than 4,000 deaths and 200,000 hospital presentations every year in England with suicide being one of the biggest killers for men under the age of 50. This trend was reflected locally in Teesside with a higher proportion of suicide deaths also being males under 50 years of age. It was noted that Hartlepool had the lowest number and rates of suicide in Teesside with a downward trend in suicide rates being observed in recent years.

Members were informed that a Tees Suicide Prevention Taskforce had been formed and had developed an implementation plan and accompanying action plan as the local response to the national suicide prevention strategy – Preventing Suicide in England. The Taskforce brings together key partners, local knowledge about groups at higher risk of suicide, applying the evidence of most effective interventions and highlights resources needed to implement these plans. The key areas identified for action within these plans were listed in the report.

There were two suicide prevent programmes commissioned on a Tees-wide basis to support the delivery of suicide prevention action plan and these were:

- Suicide Prevention Co-ordinator; and
- Mental Health Training Hub.

In addition to the above, the Tees Mental Health Training Hub had been in place since 2013 and was a key contributor to the delivery of the suicide prevention implementation plan. The Hub also co-ordinated and commissioned training, supported organisations to effectively build training capacity and supports those who had been trained to utilise their knowledge and skills within their role and continue to develop. There was also a Cleveland wide multi agency group working together to put in place the principles of the National Crisis Care Concordat.

It was proposed to launch a local marketing campaign to raise awareness of mental health issues in men in order to reduce inequalities in accessing services.

A Member sought clarification on the low number of suicides in Hartlepool

compared to the remainder of the Teesside area. The Health Improvement Practitioner commented that one of the reasons was that Middlesbrough, Redcar and Stockton have more defined hotspots such as bridges and coastal cliff areas. In response to a follow up question, the Health Improvement Practitioner added that whilst there was currently no formal mental health preventative strategy, he confirmed that education around emotional wellbeing would be picked up within schools as part of Personal, Social and Health Education (PSHE). In addition to this, there was a lot of work ongoing with young people's emotional wellbeing and general resilience within the family, particularly with those identified as troubled families.

A lengthy discussion took place during which it was confirmed that alcohol and substance misuse were the biggest factors in suicides and work was ongoing to target the most vulnerable groups. In addition to this, there had been a lot of issues identified around the introduction of Universal Credit through increased numbers of people accessing the foodbank and the holiday hunger scheme and work was currently being undertaken within the Community Hubs providing financial wellbeing and crisis support. During the discussion it was highlighted that the current economic climate along with the introduction of Universal Credit were having a major effect on the mental health wellbeing of people in the north east area.

A number of areas to be utilised to raise awareness of the suicide prevention strategy and support available were suggested such as the Miles for Men race and the Big Lime Triathlon and it should include who people need to contact if they were concerned about someone's non-emergency situation. In response to a question from a Member, the Health Improvement Practitioner indicated that the Tees Suicide Prevention Strategic Plan would be aimed at all demographics across the area and would ensure appropriate information was available for everyone.

The Chair sought clarification on the involvement of the Council's Armed Forces Champion and groups that support veterans. The Health Improvement Practitioner confirmed that discussions were ongoing with armed forces groups, particularly around encouraging veterans to be physically active.

The Health Improvement Practitioner was thanked for the very informative report which had resulted in a wide ranging discussion.

### **Decision**

- (1) The contents of the report were noted.
- (2) The creation of a campaign to be launched by the Hartlepool Mental Health Forum to raise awareness on men's mental health issues and how to access services was approved.

## **82. Mental Health Update** *(Director of Adult and Community Based Services)*

### **Type of decision**

Non key.

### **Purpose of report**

To provide an update to the Committee on progress against the Mental Health Joint Implementation Plan.

### **Issue(s) for consideration**

The Mental Health Forum was tasked with monitoring progress against the Hartlepool Mental Health Joint Implementation Plan and was chaired by Healthwatch Hartlepool with representation from Hartlepool Borough Council, Hartlepool and Stockton on Tees Clinical Commissioning Group, Tees Esk and Wear Valley NHS Foundation Trust, local stakeholders from the private and voluntary sector as well as people who use services and carers. The updated Joint Implementation Plan was attached at Appendix 1.

The Mental Health Forum also worked with partner agencies to monitor progress against the recommendations of Tees Crisis Care Concordat Working Group. A summary of key achievements in relation to the Crisis Care Concordat was attached at Appendix 2.

In addition to the above, Hartlepool Matters brought partners together to shape the future of health and social care in Hartlepool. The recommendations made in relation to mental health were attached at Appendix 3 along with a summary of achievements against those recommendations.

It was noted that a tremendous amount of work around mental health wellbeing was being undertaken and particular thanks were forwarded to the Mental Health Forum and the Chair, Zoe Sherry, for co-ordinating activities around Mental health Day which was a resounding success in Hartlepool.

### **Decision**

- (1) The progress to date was noted.
- (2) That further discussions with key partners in respect of a new plan from 2019 onwards were supported.

## **83. Raising Awareness of Adult Safeguarding** *(Author)*

### **Type of decision**

For information.

**Purpose of report**

To provide an update to Committee on the adult safeguarding awareness campaign in February 2018 and associated local developments.

**Issue(s) for consideration**

The report outlined the significant progress made since the creation of the Teeswide Safeguarding Adults Board (TSAB) in raising public awareness of adult safeguarding were key priorities. The current position including the development of an Adult Safeguarding Awareness Campaign was detailed in the report. It was noted that an Adult Safeguarding Learning and Networking Event had taken place on 6 February 2018 at the Centre for Independent Living. This event was well attended with very positive feedback received from attendees representing over 30 organisations.

The importance of prevention was a theme throughout the Learning and Networking Event and there were many examples of how local initiatives in Hartlepool were working well to support the prevention agenda. Further details of a joint project between Trading Standards and Adult Services was included within Appendix 3.

A representative from Trading Standards provided the Committee with a comprehensive update on the ongoing work around the prevention of nuisance calls and the installation of the Truecall devices which block unwanted telephone calls. It was highlighted during the discussion that followed, that the reporting of doorstep scams was low and work was ongoing with carers, banks, police etc to encouraging reporting of such incidents. Representatives from Trading Standards were attending residents groups to raise awareness of the services and support available around preventing nuisance calls and scams and it was suggested that a future presentation to the Council's Community Forums may be beneficial.

The Chair thanked Officers for the update adding that it was in everyone's gift to raise awareness of the services and support available and suggested that inclusion of the information available could be contained within Members' ward newsletters as this was a very effective way of doing this.

**Decision**

The Committee noted the report along with the positive progress being made to raise awareness of adult safeguarding and how they could contribute as Elected Members to further raise awareness.

**84. Strategic Financial Management Report – as at 31 December 2017** *(Director of Adult and Community Based Services and Director of Finance and Policy)*

**Type of decision**

For information.

**Purpose of report**

To inform the Committee regarding the 2017/18 forecast General Fund Outturn, the 2017/18 Capital Programme Monitoring and to provide details for the specific budget areas that the Committee is responsible for.

**Issue(s) for consideration**

The Head of Finance, Corporate reported that an updated assessment of the forecast 2017/18 outturn had been completed and a net over spend of £0.124m was now anticipated, which was lower than the previous forecast of £0.250m. Details of the specific budget areas this Committee was responsible for were provided in Appendix A and it was noted that there were overspends within commissioning budgets for older people (£300k) and mental health (£150k) and also in relation to Deprivation of Liberty Safeguards (DoLS) (£110k). These overspends were being funded in the current year from non recurrent Improved Better Care Fund grant that supported the protection of social care, which replaced planned use of reserves to balance the budget.

It was noted that the Chair of Children's Services Committee had written to the Secretary of State raising the Council's concerns over the continuously reducing financial support for children's social care. The Director of Adult and Community Based Services added that the Improved Better Care Fund was being utilised to support the current budget but this was not sustainable for the longer term future and this was becoming increasingly challenging.

In conclusion, the Chair noted that the current budget position was a temporary solution that supported a £600k shortfall with one-off funding from the Improved Better Care Fund. In addition to this, concerns were expressed for the future funding of adult social care from 2019/20 onwards as this was subject to a Government review.

**Decision**

That the report was noted.

**85. Progress Update – Centre for Independent Living**

*(Director of Adult and Community Based Services)*

**Type of decision**

For information.

**Purpose of report**

To provide the Committee with an update on the Centre for Independent Living (CIL).

**Issue(s) for consideration**

The key focus of the CIL was to support working age adults with disabilities to maximise their independence with approximately 95 people accessing day opportunities throughout the week with an increase in



referrals to the day service in recent months. The service had delivered numerous events and was seeing increased demand which had resulted in a waiting list of people wishing to access the day service. During the first year of operation of the CIL, a number of providers had attended events, training or utilising the building as a meeting point.

Since the opening of the CIL, information had been collected in relation to 'footfall' and room usage and this was included in the report. Feedback received had praised the 'positive and friendly environment' with many positive comments received regarding the facilities on offer. There had been several opportunities for partnership working with a number of disability specific providers through the leasing of office accommodation and further details were included in the report.

It was recognised that there was significant potential for the CIL to develop further and the Council had engaged the support of an independent partner with significant experience in modernising day services and developing social enterprise models to assist with this piece of work.

A lengthy discussion ensued on the activities undertaken at the CIL including the education and training facilities available for adults with learning disabilities. The frustrations of local residents around car parking was raised and it was noted that staff had been asked to utilise the car parking in the current Havelock site and to be aware of residents' concerns.

The Chair highlighted that the CIL represented a £4m commitment of the Council to develop services for the local community and work was ongoing to further develop and increase the offer and services available. The CIL should be seen as the fourth community hub within the town as it included the provision of a lot of services and opportunities for working age adults with disabilities within the community.

### **Decision**

That the progress update on the provision of services and further development of the CIL was noted and that a further report would be received on the future direction of travel for services for working age adults with disabilities in due course.

## **86. Support for Adult Carers in Hartlepool** (*Director of Adult and Community Based Services*)

### **Type of decision**

For information.

### **Purpose of report**

To provide the Committee with an update regarding support available for carers following a request at Finance and Policy Committee.

**Issue(s) for consideration**

The detailed and comprehensive report provided the background to the local authorities responsibilities to carers as a result of the Care Act 2014. It was noted that in 2016/17, the Adult Services statutory return recorded that 2,229 carers in Hartlepool received some element of support. There were a number of ways to support carers in their caring role and a wide range of services were available in Hartlepool and further details were included within the report.

The report highlighted the statutory Carers' Survey and that Hartlepool was the best performing council overall in 2016/17, which was consistent with performance from 2014/15. The last Carers' Strategy for Hartlepool "Who Cares for Carers" was a multi-agency strategy for 2011-2016.

It was highlighted that Carers' Week 2018 runs from 11 June – 15 June and includes a variety of road show events planned throughout the week culminating in a celebration event at the Historic Quay. In order to consult with carers and partners, it was proposed to have a meeting on 15 June at the Historic Quay to submit proposals from carers around a Council strategy.

A discussion ensued on the support provided by the NHS and it was noted that 43% of the Better Care Fund supported the expenditure around supporting carers and this was a pooled budget with health colleagues. It was noted that Council officers and health partners work well together and the new NHS Continuing Health Care guidance which was due to be published in October makes reference to the NHS recognising the supporting role carers play.

The Chair commented that a massive debt of gratitude was owed to Hartlepool carers and that everyone should be proud of the care within our local communities with the financial investment of £800k being returned many times over through the value of local carers. Moving forward, carers will face more challenges as people were living longer and there was an increasing number of young carers. With this in mind, it was vital to fund and work effectively with carers to build upon very strong partnerships and the thanks of the Committee were passed on to all carers within the community for their hard work and commitment to the provision of care.

**Decision**

- (1) The development in relation to support for carers was noted with further progress updates provided as appropriate.
- (2) It was noted that Carers' Week 2018 would take place from 11 June – 15 June and a full timetable of events for the week would be circulated once finalised.

## **87. Care Quality Improvement Programme** *(Director of Adult and Community Based Services)*

### **Type of decision**

For information.

### **Purpose of report**

To provide the Committee with information regarding the Care Quality Improvement Programme, which had been implemented to improve the quality of care in care homes and wider social care services.

### **Issue(s) for consideration**

The Care Quality Improvement Programme in 2017/18 incorporated the following three key themes:

- Standards, Quality and Best Practice;
- Enhance Support Offer; and
- Investment in Care Homes for Older People.

The report provided a summary of the key achievements during 2017/18 highlighting an additional £1.3m had been invested. It was noted that previously Hartlepool did have five homes rated inadequate by the Care Quality Commission (CQC). However, in view of a number of dramatic improvements, there were currently no homes rated as inadequate with a 14% increase in homes rated as good. In addition to this, Sheraton Court had recently been rated as outstanding within the caring domain which showed a fantastic commitment as it had previously been rated as required improvement. This overall improvement was an incredible achievement by the staff within the sector supported by Council officers in partnership with the NHS. The Chair noted that to move to a position where the majority of homes within Hartlepool were rated as good with one achieving outstanding within the caring domain was a tremendous achievement. However, Members were asked to be mindful that the care homes market was a very fragile market and could change quickly.

The Chair commented that the final piece of the jigsaw was the further development and establishment of a care academy to raise the profile of caring as a profession and career pathway. The Chair thanked the Officers and Members involved in progressing this agenda.

### **Decision**

The report and positive steps that had been taken to improve support for the local care market and improve the quality of care for local people was noted.

**83. Any Other Business – Last meeting of municipal year**

As this was the last meeting of the municipal year, the Chair thanked all officers and members of the public for their invaluable input into the work of the Committee during the municipal year.

The meeting concluded at 12 noon.

**HAYLEY MARTIN**

**INTERIM CHIEF SOLICITOR**

**PUBLICATION DATE: 9 APRIL 2018**

# ADULT SERVICES COMMITTEE

14 June 2018



**Report of:** Director of Adult & Community Based Services

**Subject:** UPDATE: CARE HOMES FOR OLDER PEOPLE

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## 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:
- Quality Assurance Frameworks;
  - HBC Care Home Meetings;
  - Fee Negotiations; and
  - Support Provided to the Care Home Market.

## 4. PROGRESS UPDATE

- 4.1 Since the last report to Adult Services Committee on 1 February 2018 there have been a number of developments.

### 4.1.1. CQC Ratings

A summary of current CQC ratings is attached as **Appendix 1**. Since the last report to Committee two homes rated as 'requires improvement' have been re-inspected and rated as 'good', reflecting a further improvement in the overall position for care homes for older people.

There are no homes rated as 'inadequate'. Homes rated as 'requires improvement' have action plans that are closely monitored by the officers to ensure improvements are made.

Recent changes in ratings mean that Hartlepool now has 11 homes rated 'good' (79%) and 3 rated as 'requires improvement' (21%). This is a significant improvement from the position reported in June 2017 when 5 homes (36%) were rated as 'requires improvement' and evidences that the trend for CQC ratings continues to move in a positive direction. The Council remains committed to supporting further improvements in care quality and a number of the initiatives set out below contribute to the Care Quality Improvement Programme for 2018/19.

The two recently opened care homes Rossmere Park Care Centre (opened May 2017) and De Bruce Court (opened February 2018) have not yet been inspected and rated. Ratings will be reported to Adult Services Committee when published.

#### 4.1.2 Outstanding Rating

In an inspection completed at Sheraton Court in November 2017 (inspection report published in April 2018), CQC awarded a rating of 'outstanding' in the caring domain, as part of an overall 'good' rating. The report states that:

*'The service has improved to outstanding.'*

*People were extremely well cared for. People were complimentary of staff and the support they provided. People were treated with respect and their independence, privacy and dignity were promoted.*

*Staff interacted with people in a way which was particularly knowledgeable, kind, compassionate and caring.*

*Staff took time to speak with people and to engage positively with them. People were consistently involved in discussions about their own care and contributed to making decisions.'*

This is the first 'outstanding' rating awarded to a service in Hartlepool and is a significant achievement for the provider and the manager of the home.

#### 4.1.3 Quality Standards Framework (QSF)

Since the last report to Committee officers have been working closely with providers, managers and staff to implement action plans that deliver improvements, in conjunction with gathering evidence for the next round of ratings. Providers were notified at the end of January regarding revised ratings and had the opportunity to appeal. The new QSF grades for each home are provided in **Appendix 1**. It is very positive to note that there are no homes rated below Grade 2. The home that was rated Grade 3 last year successfully made sufficient rapid improvement to achieve a Grade 2 rating.

#### 4.1.4 De Bruce Court Care Home

De Bruce Court Care Home on Jones Road was built approximately 2 years ago with the provider originally intending to provide neuro-rehabilitation services. The size of the proposed service and lack of local need at that level led CQC to decline registration. The provider, Durham Careline Lifestyles, has since reregistered the home to provide nursing and residential care for older people, with a focus on dementia.

The home has 46 beds in a mixture of single en suite rooms, small apartments and one bedroom bungalows, so offers a variety of accommodation to meet people's needs. The home has completed the accreditation process required to contract with the Council and has been open for residents since February 2018. An official opening took place on 21 March with a plaque unveiled by Cllr Stephen Thomas (Chair of Adult Services Committee and De Bruce Ward Councillor) along with the first resident of the home. The provider is working with the Council to manage admissions in the initial months of operating; an approach which has been very successful with other new provision.

#### 4.1.5 Support provided to the Care Home Market

A Manager Forum was held on 23 February 2018 focused on the following topics:

- General Data Protection Regulations
- North Tees and Hartlepool Education Alliance & NEWS
- Shared review of the QSF results 2018
- Feedback on Care Home Cluster Visits

The Manager Forum continues to be well attended with positive feedback from attendees who welcome the opportunity to share learning and best practice.

There has also been engagement with Care Homes over the last year with a series of 'focus weeks' carried out jointly between the individual link officer for each home and social care professionals. This has enabled a partnership approach to review day to day practice in the home, reviewing interaction between staff and residents. Although this has taken a significant level of resource the feedback has been exceptionally positive from Registered Managers. They have been able to spend time with officers from the council and focus on particular issues for their home to make improvements and think proactively about positive action for the future. This more personal approach has been welcomed by managers and will continue as part of the overarching Care Quality Improvement Programme.

An additional workshop was held for Care Home Managers and Activities Co-ordinators on 17 April 2018. The agenda included:

- Individual homes sharing good practice;
- In-Controlable demonstration on use of iPads and tablets;
- Information on Dementia Friendly Sessions available for residents;
- Getting People Moving session provided by HBC Sport & Recreation Team;

- Information on Life Storey Books; and
- Workshops on identifying activities and recording.

The session was attended by over 30 care home staff and feedback was extremely positive.

#### 4.1.6 CCG/HBC Training & Education Programme

The last update advised of the launch of the North Tees & Hartlepool Education Alliance. This is 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. The programme is now being delivered in Hartlepool with all homes engaged in supporting their staff to attend.

Attendance has been particularly good in Hartlepool with 100% of care homes participating in some element of the training. Early indications demonstrate a positive impact on hospital admissions. Further longitudinal analysis will be undertaken as the programme progresses to identify impact and trends.

Better Care Fund resources were recently approved to continue funding the programme for a further two years.

#### 4.1.7 Care Home Fees

Care home fees were increased by an additional 3.4% in 2017/18 linked to the IBCF (Improved Better Care Fund) allocation, and the requirement for this funding to be used to support sustainability of the local care market. This uplift was backdated to April 2017 and was in addition to the 2.86% inflationary uplift already agreed for 2017/18. Care homes have also been allocated capital investment from the IBCF to improve care environments.



The fee uplift offered to providers for 2018/19 is 3.66%, which has been calculated using a basket of indices taking into account the National Living Wage and inflationary uplifts linked to the Office of National Statistics (ONS). This method has been used to determine fee uplifts in Hartlepool for a number of years and generally feedback from providers is that this model demonstrates a positive and transparent approach, when working within challenging financial circumstances.

Providers continue to express concerns about financial pressures, 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 increasing complexity of individuals requiring care are expressed equally by residential care providers.

## **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, out of area placements increase in order to meet needs. Lack of care home placements also impacts on delayed transfers of care from hospital.
- 5.2 The opening of Rossmere Park Care Centre in May 2017 and De Bruce Court in February 2018 has provided much needed additional capacity and choice for local residents, particularly in relation to nursing care. This has resulted in a reduction in Out of Borough Placements and also had a positive impact in terms of facilitating timely hospital discharge. Work will continue 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**

Jill Harrison  
Director of Adult & Community Based Services  
Tel: 01429 523911  
E-mail: [jill.harrison@hartlepool.gov.uk](mailto:jill.harrison@hartlepool.gov.uk)

## CARE HOMES FOR OLDER PEOPLE

## CQC Published Ratings

Care Home	Publication Date	Rating
West View Lodge	8 April 2016	Good
Wynyard Woods	15 February 2017	Good
Lindisfarne	24 August 2017	Good
Queens Meadow	21 October 2017	Requires Improvement
Brierton Lodge	31 October 2017	Good
Stichell House	14 November 2017	Good
Warrior Park	28 November 2017	Good
Dinsdale Lodge	30 December 2017	Good
Charlotte Grange	3 January 2018	Requires Improvement
Elwick Grange	7 February 2018	Good
Clifton House	15 February 2018	Requires Improvement
Sheraton Court	21 April 2018	Good
Seaton Hall	27 April 2018	Good
Gretton Court	1 June 2018	Good

## Vacancy Position: 29 May 2018

Care Provision	Available Beds
Residential Only	51
Nursing Only	6
Residential or Nursing	41*

\*Dual registered beds

## Out of Borough Placements

Year	Admissions
2013/14	3
2014/15	9
2015/16	15
2016/17	51
2017/18	26

*Based on permanent new admissions of over 65s*

## Analysis of Out of Borough Placements – 2017/18

Placement	Q1	Q2	Q3	Q4	Total
Nursing	1	6	5	5	17
Residential	3	1	2	3	9
<b>Total</b>	<b>4</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>26</b>

*Residential admissions all relate to patient choice and are predominantly in South Durham.*

**Quality Standards Framework Grades**

<b>Care Home</b>	<b>2017</b>	<b>2018</b>
Brierton Lodge	Grade 1	Grade 1
Charlotte Grange	Grade 2	Grade 2
Clifton House	Grade 2	Grade 2
Dinsdale Lodge	Grade 2	Grade 1
Elwick Grange	Grade 1	Grade 1
Gretton Court	Grade 1	Grade 1
Lindisfarne	Grade 2	Grade 1
Queens Meadow	Grade 1	Grade 1
Seaton Hall	Grade 2	Grade 2
Rossmere Park	N/A	Grade 1
Sheraton Court	Grade 1	Grade 1
Stichell House	Grade 1	Grade 1
Warrior Park	Grade 2	Grade 2
West View Lodge	Grade 2	Grade 1
Wynyard Woods	Grade 1	Grade 1

# Adult Services Committee

14<sup>th</sup> June 2018

**Report of:** HealthWatch Hartlepool

**Subject:** HEALTHWATCH HARTLEPOOL ENTER AND VIEW REPORTS

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## 1. PURPOSE OF REPORT

- 1.1 To inform the Adult Services Committee of the outcomes of the recent Enter and View visits conducted by Healthwatch Hartlepool to Charlotte Grange and Queens Meadow care homes.

## 2. BACKGROUND

- 2.1 HealthWatch Hartlepool is the independent consumer champion for patients and users of health & social care services in Hartlepool. To support our work we have appointed an Executive committee, which enables us to feed information collated through our communication & engagement plan to form the strategic vision. This ultimately should lead to influence of all services within the borough. Further information relating to the work of Healthwatch can be viewed via [www.healthwatchhartlepool.co.uk](http://www.healthwatchhartlepool.co.uk)

## 3. PROPOSALS

- 3.1 Established under the Health and Social Care Act 2012, the requirements set out in the legislation mean HealthWatch Hartlepool will be expected to:
- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning, provision and scrutiny of health and social care services.
  - Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social

care services through membership of local residents and service users.

- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public about accessing health and social care services together with choice in relation to aspects of those services.
- Represent the views of the whole community, patients and service users on the Health & Wellbeing Board and the Hartlepool Clinical Commissioning Group (locality) Board.
- Make the views and experiences of the broad range of people and communities known to Healthwatch England helping it to carry out its role as national champion.
- Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with recommendations, if for example urgent action were required by the CQC).
- This report will be made available to all partner organisations and will be available to the wider public through the Healthwatch Hartlepool web site.

**3.2** Enter and View is a key tool of all local Healthwatch organisations and is an opportunity for Authorised Representatives:

- To go into health and social care premises to see and hear from themselves how services are provided
- To collect the views of patients, and members of the public at the point of service delivery
- To collect the views of carers and relatives of patients and members of the public
- To collect the views of staff
- To observe the nature and quality of services
- To collate evidence-based findings
- To report positive and negative findings with the associated recommendations – to providers, CQC, Local Authority, NHS commissioners and quality assurers, Healthwatch England and any other relevant partners

- To develop insights and recommendations across multiple visits to inform strategic decision making at local and national level.

**3.3** Legislation allows Enter and View activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- A person providing primary medical services (e.g. GPs)
- A person providing primary dental services (i.e. dentists)
- A person providing primary ophthalmic services (i.e. opticians)
- A person providing pharmaceutical services (e.g. community pharmacists)
- A person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health and social care services (e.g. adult social care homes and day-care centres).

**4. EQUALITY & DIVERSITY CONSIDERATIONS**

- 4.1 HealthWatch Hartlepool is for adults, children and young people who live in or access health and/or social care services in the Borough of Hartlepool. HealthWatch Hartlepool aims to be accessible to all sections of the community. The Executive committee will review performance against the work programme on a quarterly basis and report progress to our membership through the 'Update' newsletter and an Annual Report. The full Healthwatch Hartlepool work programme will be available from [www.healthwatchhartlepool.co.uk](http://www.healthwatchhartlepool.co.uk)

**5. RECOMMENDATIONS**

- 5.1 That Adult Services Committee note the contents of the Report and consideration is given to recommendations contained within.

**6. REASONS FOR RECOMMENDATIONS**

- 6.1 The recommendations are based on findings from the two Enter and View visits.

**7. BACKGROUND PAPERS**

- 7.1 None

**8. CONTACT OFFICER**

**Stephen Thomas - HealthWatch Development Officer  
Healthwatch Hartlepool  
The ORCEL Centre  
Wynyard Road  
Hartlepool  
TS25 3LB**





## **Care Home Visit Report**

### **Charlotte Grange Care Home. Flaxton Street Hartlepool**

An unannounced visit took place on Thursday November 9<sup>th</sup> 2017

#### **Healthwatch members who conducted the visit were:-**

Zoe Sherry, Marjorie Marley, Judith Gilbert and Jackie Russell

The Aim of the visit was to look at the quality of life and standard of care of all residents including those suffering from various degrees of Dementia.

Charlotte Grange is a home of four units surrounding a central hub. Each unit has 12 residents. There are married couples as well as individual residents. One unit is specifically for those suffering from Dementia and varying levels of need. The other three units are for frail residents, though some have memory loss and early dementia, and others may be physically frail.

The home operates a system to monitor individual residents needs, the management responds to individual changes of care needs by the use of internal transfers between the units. This reduces the need to move people out of the home to an unfamiliar place

#### **Environment.**

The home was warm and inviting and we were greeted by staff who were pleased to show us the home, and with residents permission showed us the bedrooms. In the case of married couples, their small lounges. Their original two rooms had been converted into a bedroom and lounge; this gave the couple privacy and time together.

We arrived at 10am. Some of the residents were still having breakfast, some dressed, and some in nightclothes. It was explained that this was by personal choice.

The rooms were set out to allow conversations and in one it looked homely with chairs around the fireplace.

There was access to all units, with no closed doors, and residents were able to freely mix in the home. The more poorly people were being more closely watched for their own safety. There was a lot of 'banter' and friendly chatter.

The units were clean but looked careworn with paint missing from door jambs .but this did not affect the care,.

There are alcoves and small areas where peace and quiet can be found often with a view over the garden.

At present there are no coloured fittings in the home. We were told that money has been applied for to correct this. But only for the Middleton unit.

The bathrooms all had thermostatically controlled taps to prevent injury but the signs on the doors were paper and peeling off.

Though the rooms are not ensuite there are many toilets that are accessible to all.

The sluice room was securely locked and opened by request. All mops and cleaning equipment was colour coded.

### **Safety**

The external doors were secure. There were no tripping hazards. The home has a fire alarm and there are regular fire alarm practices. Residents were well aware of the system. One told me how they are counted and another said if the alarm went off you had to 'run like hell'

Most rooms have external doors which can be opened, some of them open on to a confined garden area. Others can be locked unless needed.

### **Stimulation**

The home is family orientated with open visiting, Families visit and frequently get involved in the activities,

There is a notice board with list of events and activities mostly within the home but also trips and outings. Zumba was that day's activity. Only one lady complained that she was unable to join in, as she is temporarily wheelchair bound and is eager to take part again,

In the summer there is a barbeque area and outside seating.

### **Nutrition**

The home has changed the dietary system. They now have a contract with 'Appetito' a frozen meal company, this is large scale provision. The kitchen is set out with specific freezers to hold food to meet any diet type. The food comes in 12 servings and residents still have to select their menu. Even those on pureed diet get a plate of food that still resembles the food it is made from. This boosts the confidence of people to sit together and eat together and not feel different. The cost of the food is greater but there is less wastage and everyone enjoys their food.

A diary is kept of every resident's diet every day so that menus and amounts can be changed. This ensures an adequate enjoyable meal and meets nutritional standards

This is supplemented by home baking and there were bowls of fruit in evidence around the home.

There were plenty of drinks available in the lounges but there is a concern at lack of water being available in the bedrooms. Residents said they could ask but there was none beside them during the night.

### **Care**

All residents looked well cared for and happy. The staff clearly knew each resident and there was good interaction between staff and residents, staff could recognise any changes of mood or general health and responds to it.

The residents had access to baths and showers as often as they wished.

It is possible to have a commode in a bedroom to assist those with night time needs and also those whose personal needs are more complex.

With the open access around the home staff were aware of the care needs of most residents and also some staff could be interchanged between units if required.

All staff on Middleton Unit have now had dementia training and well as senior staff. There are plans for all other staff to complete the training in the near future.

All residents have access to any health services they require i.e. Doctor, nurse, optician.etc

Those residents who had wished to vote were supported to do this.

Those residents who were asked about access to religious services said there was no Catholic priest and some times Church of England, but none seemed very sure.

In total 8 residents and two relatives were interviewed. Everyone was happy and there were no complaints, in fact there were many compliments about the staff and management..

Senior staff were interviewed pre and post visit and were told of the outcome of the visit.

We thanked them for their hospitality.

### **Recommendations**

To ensure that the colour coding of equipment is completed in the Middleton Unit. And to eventually complete this in all units of the home.

Refresh the paintwork, especially doorways into bedrooms.

Provide proper permanent signage to bathrooms and toilets.

Provide water jugs in rooms where appropriate

Complete all staff training for dementia awareness.

Check availability and access to religious services/visits

Zoe Sherry  
Marjorie Marley  
Judith Gilbert  
Jackie Russell



## Enter and View Visit Report

### Queen's Meadow Care Home

An unannounced visit took place on 29th January 2018 from 2-4pm

#### Visiting Team— Judy Grey

Judith Gilbert

Jackie Russell

Elizabeth Fletcher.

#### ENVIRONMENT

We were welcomed by the Manager, Julie Armstrong; who afforded us privacy in the "Resident's Bar" and answered relevant questions including –

- Number of Beds - 59
- Number of En Suite - 57
- Do you have "Couple' Room - Yes
- Staffing Levels - 2 Supervisors (NVQ3) and 3 Carers in Dementia Unit  
2 Supervisors and 2 Carers downstairs.

It was agreed that we would reconvene after the Healthwatch members had talked to Residents and/or family members -if available.

#### SAFE

Members spoke to several residents and visitors.

One gentleman, who had been a resident for many years, volunteered the information that he is very independent, goes to bed and gets up whenever he likes—feels very secure.

A lady interviewed, had been at the Home for six months and felt very happy.

A visitor, who has a relative in the Dementia Unit, had asked for steps to be taken to ensure the security of her relative's belongings—she was satisfied with the response.

Another visitor remarked

"No Problems at all"

In the downstairs Lounge, a relative complained that she had had to buy her Mother four pairs of slippers.

#### CARING

Members were told that Staff respect privacy and the gentleman Resident, remarked that he felt no embarrassment if being attended by a female carer. His wardrobe was full of clean clothes, which he insisted our visiting members, inspected!

## 7.2 Appendix 2

A lady remarked that she preferred to have her meals in her room; chooses to shower at different times, and there was never an issue.

One resident enjoys a drink of Bailey's. Her son buys her a bottle which he leaves with the Manager, she is given a glass each night.

A visitor reported that if she has any concerns about the health of her Mother,

"A Nurse Practitioner is called—there are no issues"

One resident had concerns -

"Sometimes they (carers) just throw something at you and say "Put that on!"—and some, not all, can be unpleasant"

A lady interviewed remarked that she didn't like the way some staff referred to her

"My name is XXXX! —they call me 'honey ' or 'chuck' and I don't like it!"

### RESPONSIVE

There appears to be a vigorous Activities Programme—a Board is on view in the hall of the establishment, which details activities; Films, Bowls, Crafts, Karaoke, Past Times, Entertainers, Theme Days.—visitors are welcome.

One relative remarked that her Mother

"Always joins in!"

Chair exercises appeared popular.

### EFFECTIVE

One resident assured us that her medication was always given to her on time.

A visitor, who has a relative on the Dementia Unit remarked.

"I wouldn't have her anywhere else"

Speaking with a son who was visiting his mother, we were told that

"She is so much better since coming here!- I have complaints about other places, but not here!"

After he had left, the lady talked to the Healthwatch visitor, appeared upset and remarked

"I feel dumped!—sometimes—suicidal—I have a home that my husband and I built, and I'm not allowed to go in it"

The concern was raised with the Manager who remarked that she was aware of the situation. The family were attentive, and she felt the lady in question would settle as she had recently formed a friendship with another female resident. We discussed use of outside agencies such as Social Workers.

### OBSERVATIONS

Whilst in Downstairs Lounge, one of our members became aware of a Resident in difficulties, and had to find member of staff to assist her. Also, another lady interviewed had clothes which were soiled and dirty and she appeared disorientated.

General observations include -

- No Call Buttons readily seen
- No Water Jugs
- Dinner Plates not cleared
- Coffee cup and saucer; scone balanced on saucer
- Box of shoes and slippers observed in. Laundry
- Odour in certain areas

The above observations were raised with the Manager

- Call Buttons not in lounge—staff monitor regularly
- There is a Water Dispenser in each Lounge, situated behind the doors.

## **7.2 Appendix 2**

- Dinner plates should have been removed by 2pm the latest (One member suggested it may have been due to the speed at which resident ate)
- Each resident should have separate plate as well as cup and saucer.
- The box of slippers and Shoes was dispensed quarterly on Take Back Day.
- Odour would be addressed; the Manager informed us that one area of carpet per week, was 'deep cleansed'

We would like to take this opportunity to thank the Manager and her staff for their support during our visit—and to say we appreciated the time she took to answer our concerns.