

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel

**DATE:** 10<sup>th</sup> October 2017

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**WARD(S):** All

### **PART I** **FOR COMMENT & CONSIDERATION**

#### **QUALITY MANAGEMENT OF ADULT SOCIAL CARE SERVICES**

1. **Purpose of Report**

- 1.1 This report provides Health Scrutiny Panel with a progress report on the quality of adult social care services in Slough and the arrangements for ensuring the quality of care.

2. **Recommendation(s)/Proposed Action**

- 2.1 The panel is requested to note the progress being made in managing the quality of care services in Slough and comment on the arrangements for ensuring that quality is maintained or improved.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3a. **Slough Joint Wellbeing Strategy Priorities**

Improving quality of life is a key component of the Slough Joint Wellbeing Strategy and “commission better services” is a stated aim of the Wellbeing Board. These are linked as quality of service has a direct impact on quality of life.

3b. **Five Year Plan Outcomes**

The focus of outcome 2 of the Five Year Plan is to support people to manage their own health and social care needs

4. **Other Implications**

(a) **Financial**

There are no financial implications. However, ensuring service quality can have an impact on managing the demand for services, ensuring that there are a range of options available to ensure best value in service provision.

(b) **Risk Management**

There is also a clear link between quality and safeguarding, with safeguarding incidents highlighting poor quality services, and our identification and

intervention of quality issues minimising the risk of safeguarding issues arising.

Risk Area	Risk/Threat/Opportunity	Mitigation(s)
Market sufficiency	Poor quality provision reduces the availability of services	Work with providers to support improvement
Demand management	Identifying the desired impact on improving outcomes	Changed contractual terms
Safeguarding	Shared information between contract management and safeguarding	Reported jointly to Care Governance Board.
Knowledge	Information available to one agency but not other	Information protocols and joint care governance arrangements

(c) Human Rights Act and Other Legal Implications

There is a statutory requirement under the Care Act (2014) to secure supply in the market and assure its quality.

(d) Equalities Impact Assessment

The quality assurance work impacts on all social care users

## 5. Supporting Information

### 5.1 The importance of quality

5.1.1 Service quality is one of the most important considerations in the delivery of adult social care services. Not only is it key to achieving personal outcomes but it is also an important component of the activities designed to ensure that the overall strategic requirements of the partnership are met, and that social care remains financially viable and safe as a service.

5.1.2. The quality assurance process is therefore an integral part of the social care system and is reflected in governance arrangements, workforce development and the supplier relationship management process. The Care Act places an emphasis on the quality and consistency of practice and on securing supply in the market and assuring its quality through contracting.

### 5.2 Strategic Approach

The Adult Social Care service has a wide ranging Quality Assurance Framework, covering safeguarding, practice, complaints, workforce development, information sharing, and supplier relationship management. This includes a number of objectives which include working with providers across the whole market to support improvement and quality improvement, promoting choice, and working with service providers where concerns arise to

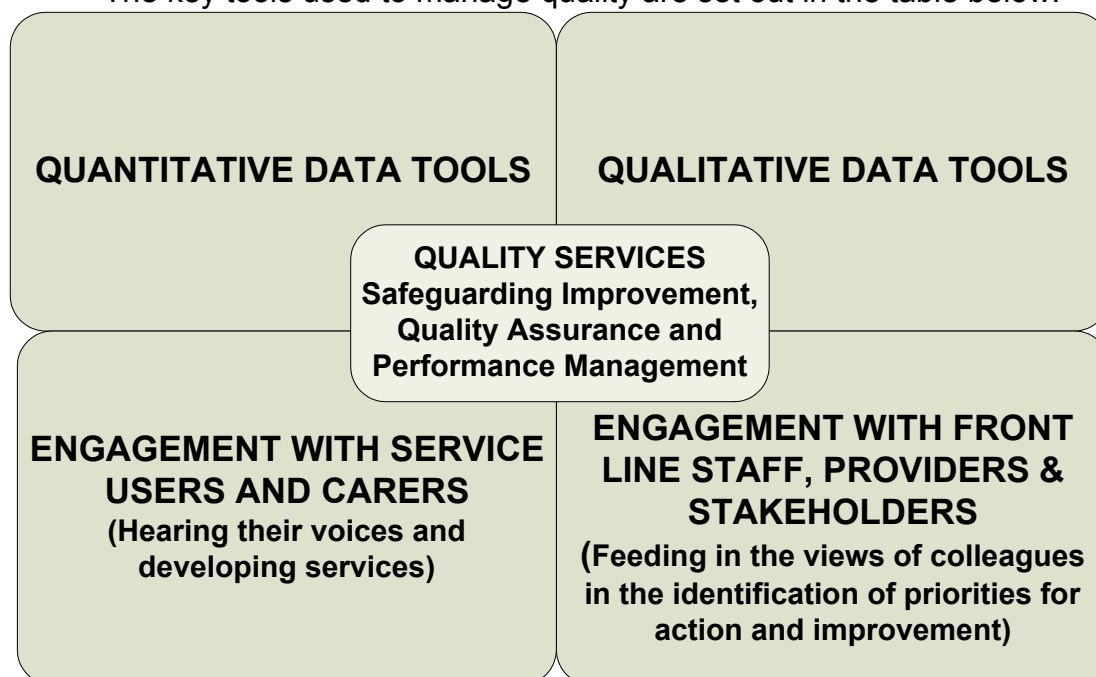
improve the quality of services and agree and follow up on action plans. The service also works closely with the care Quality Commission and NHS. The processes include pre-contractual checks, initial service monitoring and supplier authorisation, pro-active monitoring, re-active monitoring, quality improvement processes, and obtaining, collating and disseminating information.

### 5.3 Governance

Quality issues are a matter for most governance meetings within Adults Social Care, as quality issues have an impact on all aspects of the Council's work, including safeguarding. The management and operation of the Quality Assurance Framework is primarily overseen by monthly meetings of the Care Governance Board, which is chaired by a Head of Service, and contains staff from the Supplier Relationship Team, Social Care Operations, Performance Management, Safeguarding and the NHS and CQC. This reviews performance on a number of quality related issues, receives reports on provider performance, agrees appropriate action and monitors improvement plans. The Board also oversees activity in relation to provider failure.

### 5.4 Tools

The key tools used to manage quality are set out in the table below.



These include the specific tasks set out below

<b>Quantitative data tools</b>	<b>Qualitative data tools</b>
<ul style="list-style-type: none"> <li>• Scheduled monitoring visits</li> <li>• Periodic monitoring forms</li> <li>• Reactive visits</li> <li>• Safeguarding performance</li> </ul>	<ul style="list-style-type: none"> <li>• Service deficit forms</li> <li>• Client/Carer/Stakeholder feedback</li> <li>• File audits</li> </ul>

<ul style="list-style-type: none"> <li>data</li> <li>• RAG status</li> <li>• CM2000 – scheduling and business management software</li> <li>• Training</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Front line staff/carers/service users spoken to.</li> <li>• Care</li> <li>• Quality Assessment Framework</li> </ul>
<b>Engagement with service users</b> <ul style="list-style-type: none"> <li>• Safeguarding cases</li> <li>• Monitoring visits/Annual reviews</li> <li>• Service User questionnaires</li> <li>• Feedback from clients/Carers though periodic monitoring</li> <li>• Feedback though clients experience of safeguarding</li> </ul>	<b>Engagement with frontline staff/Providers and Stakeholders</b> <ul style="list-style-type: none"> <li>• Provider forums</li> <li>• Feed back from staff through Best Practice Seminars</li> <li>• Team meetings/1-1's</li> <li>• Partnership Boards</li> <li>• Monitoring visits/Annual reviews</li> </ul>

## 5.5 The Care Quality Commission

5.5.1 Registered care providers are registered and reviewed by the Care Quality Commission (CQC). Registered providers deliver a range of defined care activities for which registration with CGC is required, and which are subject to their inspection. CQC publish individual reports and provider ratings as well as an overview of care quality in the country. Their recent report (2017) states that the majority of services in England are safe, of a high quality, and many are improving, but too many people across England are still living in care homes and receiving care and support in their own homes that is not of a good enough quality. 2% of adult social care services nationally are currently rated as Outstanding, 77% are rated Good, 19%,are rated Requires Improvement and 2% are rated Inadequate.

5.5.2 There are 24 domiciliary care agencies in the borough (23 services provided by private providers and 1 in-house Recovery, Rehabilitation and Reablement service). The CQC inspection for domiciliary care services rated 10 as Good and 1 as inadequate at present.

5.5.3 Slough has 15 residential and nursing services in the borough (13 services are run by private providers and 2 in-house services are managed by the Council). The CQC inspections for Slough care homes have overall been positive, of which 11 rated as Good, 2 require improvement, 1 report to be published, and 1 not yet inspected due to only recently opening.

## 5.6 Operational Approach

5.6.1 The Supplier Relationship Management Team (SRMT) in Adult Social care has the key responsibility for the quality and performance of external providers. This is primarily in relation to domiciliary care and residential care, but covers all service commissioned by the Council, including those not registered with the CQC. Last year the Council introduced a new way of procuring domiciliary care, establishing a new Dynamic Purchasing System and using that to tender for a new Framework of providers. The new contracts require providers to submit key performance indicators to the SRMT who use this to ensure that care is delivered at the right time in the service users' home to promote and maximise the independence of service users. This is supplemented by planned and unannounced visits to these services. .

5.6.2 There are three Supply Chain Managers based in the SRMT, and these carry out both proactive (planned) and unannounced visits to care services. The team carries out around 10 planned visits and 8 unannounced visits per year. Reactive visits occur where there has been a complaint or safeguarding alert. As well as visits, the SRMT, in partnership with Slough CCG, regularly collects key performance information about falls, medication errors, pressure ulcers and safeguarding. It monitors key areas to ensure that quality of care is provided in these services. This is also supplemented with user surveys and discussions with service users.

5.6.3 A traffic light system is used to advise the Care Governance Board of current quality standards with a score of red meaning a complete embargo of the provider until the concerns have been addressed to the satisfaction of the Board. Where providers are not performing, they are requested to work towards an improvement action plan, which is then monitored. Information regarding the quality of care home services is shared amongst key partners, including Health, CQC and Safeguarding at the Care Governance meeting. In addition to monitoring, the SRMT regularly holds Provider Forums to share best practice and to address challenges being faced by the providers.

## 5.7 Workforce

The main challenge for care sector providers is the recruitment and retention of good quality staff and nurses. Ensuring staff recruited by providers have the right skills and qualifications to provide the service is another challenge. The Council reviews the provider's recruitment procedures, training and supervision matrix during service reviews to ensure that the providers are providing the support to their staff to deliver the care and support.

## 5.8 Future Developments

There is now a Quality Assurance Manager post within the structure of the Commissioning Service which will be looking to widen the reach of the quality assurance function. It will look at quality in the market as a whole, arrangements for non-registered services and for new services that are created as part of our duty to widen the range of providers. We are also now working more collaboratively with other authorities and the NHS, and a Care Homes Quality Group has been established within the Frimley Health and Care Sustainability Transformation Partnership.

## 6. Conclusion

- 6.1 The Council has a well established Quality Assurance Framework and the structures, processes and governance in place to ensure that it can quickly respond to identified quality concerns. It also regularly shares information with other commissioning authorities. The general quality of care for Slough residents is good and when issues are found acted on swiftly in a joint approach. The task now is to expand the work into overseeing the market as a whole, particularly as we are actively encouraging and supporting people to take responsibility for their own care needs.

## 7. Background Papers

- A- [http://www.cqc.org.uk/The state of adult social care services 2014-2017](http://www.cqc.org.uk/The%20state%20of%20adult%20social%20care%20services%202014-2017)