Haringey Council

Report for:	**Adults & Health Scrutiny Panel** 18 March 2015	**Item Number:**	

Title:	**CQC Inspection of Haringey Adult Social Care Services**

Report Authorised by:	**Beverley Tarka, Interim Director of Adult Social Services**

Lead Officer:	**Sue Southgate, Interim Head of Assessment and Personalisation**

Ward(s) affected: ALL	**Report for Key/Non Key Decisions:** Non Key Decision

1. Describe the issue under consideration

1.1 The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. In October 2014, CQC introduced a new approach to regulating, inspecting and rating adult social care services.

1.2 This paper outlines the key aspects of the new inspection regime and the findings of the Reablement inspection, which was carried out in July 2014 as part of CQC's pilot inspections and reported in December 2014. The report also notes how Council registered adult social care services have been preparing for future inspection by CQC.

2. Cabinet Member introduction

2.1 I welcome the opportunity to update on CQC's new approach to regulation and inspection, as well as the findings of our first inspection within this new framework of the Community Reablement Service. Independent inspection by CQC is a statutory requirement under the Health and Social Care Act and provides a key opportunity to ensure adult social care services are delivering the best possible services for our residents.

3. Recommendations

3.1 That the Committee notes the changes to CQC's inspection approach, the findings of the Reablement inspection and our response to these findings, and the work being undertaken to prepare for inspection by CQC.

4. Alternative options considered

4.1 Not applicable as this is a statutory requirement. CQC inspections of adult social care services are carried out under section 60 of the Health and Social Care Act 2008.

5. Background information

5.1 CQC's new approach includes the use of Intelligent Monitoring to decide when, where and what to inspect, methods for listening better to people's experiences, and using the best information across the system. This includes greater use of 'Experts by Experience' who have had a personal experience of care and specialist inspectors, as well as seeking the views of people using services.

5.2 Under the new framework, inspectors assess all health and social care services against five key questions - is a service:

- safe,
- effective,
- caring,
- responsive to people's need and
- well-led?

5.3 A judgement framework supports the assessment of these five areas, providing a standard set of key lines of enquiry (KLOEs) directly relating to the five questions.

5.4 The new ratings system uses the assessment of these five areas to rate services as: **outstanding, good, requires improvement or inadequate**. This enables people to easily compare services.

5.5 To date, 979 adult social care services have been rated by CQC under the new framework, with 1.2% being rated outstanding, 63.6% rated as good, 27.6% requiring improvement and 7.6% rated inadequate.

5.6 Services rated as outstanding are normally re-inspected within 2 years; good services within 18 months; services requiring improvement within a year; and inadequate services within 6 months.

5.7 CQC inspections are usually unannounced. Before the inspection site visit, CQC gathers a range of information, which may include feedback received by CQC from members of the public, staff, Healthwatch, overview and scrutiny committees and health and wellbeing boards, as well as safeguarding alerts.

5.8 CQC also collects information from the provider themselves. This includes a Provider Information Return (PIR), statutory notifications, registration applications and action plans following previous inspections. The PIR is a new requirement which asks service providers to assess themselves, using the KLOEs, against each of the five key questions. Providers are usually given 28 days to complete the PIR. Providing this information is required under Regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

5.9 Haringey's Community Reablement Service was inspected on 30 July 2014 as part of the second wave of testing CQC's new approach to inspection.

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5.10 In addition to the PIR completed prior to inspection, questionnaires were sent seeking the views of people using the service, community professionals and staff members. During the inspection, the inspection team spoke to staff and the registered manager and looked at paper and computer records. Home visits and telephone calls were made to service users following the inspection visit.

5.11 Overall, the Haringey Community Reablement Service was rated as a **Good** service. The key findings of the inspection are summarised below.

5.12 **Is the service safe? Rating: Good**

- Everyone the inspectors spoke with said that they felt safe when their care worker was providing support.
- Adult safeguarding procedures were in place and staff had been trained and were aware of how to recognise and report abuse.
- Risks to people were assessed, managed and reviewed.
- Staff had received a ten-day training programme at the start of the service to provide them with appropriate skills and knowledge.
- There was capacity to increase care hours to respond to changing demand.
- A duty scheme was in place and the management team made themselves available to address any concerns out of office hours.

5.13 **Is the service effective? Rating: Good**

- Everybody the inspectors spoke with felt that the service's support enabled them to be as independent as they could be, and most people were happy with the care and support provided.
- Community professionals provided positive feedback about the service and all said that they would recommend the service to a member of their own family.
- The service liaised with community professionals as needed to support people's progress.
- Records at people's homes were accurate, factual and respectful in tone. This helped professional colleagues to monitor people's progress.
- Staff had appropriate and up-to-date training and received regular supervision and appraisal.

5.14 **Is the service caring? Rating: Good**

- People using the service said that care workers were caring and kind.
- The use of language within records of support visits to people's homes was respectful, factual, positive about people, and clarified the support provided.
- People's feedback indicated that staff from the service listened to them and involved them in planning their own support package.
- User surveys contained much positive feedback about how people had been treated.

5.15 **Is the service responsive? Rating: Good**

- People's feedback and records indicated that staff from the service aimed to provide support that was responsive to individual needs.

- People said that senior staff visited them promptly at the start of using the service.
- Most service users said staff turned up on time, stayed the agreed length of time, and completed all the support that they were supposed to.
- The service wanted to hear people's experience of care and responded well to any concerns or complaints.

5.16 **Is the service well-led? Rating: Requires improvement**

- People and community professionals commented positively on the management of the service. They all felt that the service's management team were accessible, approachable, acted on what they were told and dealt effectively with any concerns raised.
- The service kept up-to-date with developments in reablement and was introducing weekly multi-disciplinary meetings to improve joint working.
- Care worker spot checks were comprehensive, however, these were not planned appropriately to ensure all staff received regular checks, and this reduced the effectiveness of this quality assurance process.
- Quality monitoring of staff supervision was not effective in ensuring regular supervisions took place.
- The service had made changes in response to feedback to improve the consistency of care workers who visited people, however, this improvement was not being consistently monitored as inspectors found that some people did not experience the same small set of care workers visiting them.
- Although there were many appropriate documents in people's files left in their home, the two people visited did not have a care plan setting out their needs and required support. Although these should have been left by a community professional, the service had not raised concerns about the lack of care plan.

5.17 An improvement plan has been put in place to address the identified areas for improvement. This plan is being closely monitored by the service to ensure the gaps identified by CQC are addressed.

5.18 A copy of the improvement plan to address the key findings under KLOE 5 (Is the service well-led?) is attached in Appendix A for information.

5.19 To date, there have been no further inspections of Haringey registered adult social care services. Linden Road Residential Home submitted a PIR to CQC, upon request, in September 2014 and is awaiting inspection. The service has put in place an improvement plan and is addressing a small number of gaps identified through the PIR self-assessment. Osborne Grove Nursing Home and Shared Lives are currently in the process of preparing for inspection by drafting a PIR self-assessment in advance of CQC's request, and developing action plans to address any gaps.

6. Comments of the Chief Finance Officer and financial implications

N/A

7. Assistant Director of Corporate Governance Comments and legal implications

N/A

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8. **Equalities and Community Cohesion Comments**
   N/A

9. **Head of Procurement Comments**
   N/A

10. **Policy Implication**
    N/A

11. **Reasons for Decision**
    N/A

12. **Use of Appendices**
    Appendix A Haringey Community Reablement Service CQC KLOE 5 Improvement Plan.

13. **Local Government (Access to Information) Act 1985**
    The CQC inspection report of Haringey Community Reablement Service is available on the CQC website at: http://www.cqc.org.uk/location/1-127465130.

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Appendix A: Haringey Community Reablement Service Key Lines of Enquiry (KLOE) Improvement Plan: March 2015 Update

REQUIRED IMPROVEMENTS

KLOE 5 Is the service well-led? The service's leaders have created a culture that is open, fair, transparent, supportive, informed, challenging and continuously learning.					
Ref	**Key actions**	**Lead officer(s)**	**Completion date**	**Progress**	**RAG status**
5.1	Continue to complete spot checks ensuring staff are applying good safety practice. Set up systems to ensure spot checks are regularly carried out on all staff and analyse results on a quarterly basis, or more frequently as required.	Reablement Team Manager / Team Leaders	October 2014 and ongoing	4 staff spot checks are planned each month. A matrix has been set up to ensure all staff are regularly monitored. Any issues are dealt with as they are identified, if appropriate, or in staff supervisions. Analysis of spot check results to be completed every quarter from April 2015.	
5.2	Develop matrix to monitor supervision of care staff and ensure this is reviewed weekly.	Reablement Team Manager / Team Leaders	Ongoing	A supervision matrix was introduced in January 2015 to monitor staff supervisions. This matrix is reviewed weekly by Team Leaders and discussed with the Team Manager in monthly 1:1s. Analysis of supervision completion to be completed every quarter from April 2015.	
5.3	Team Leaders to monitor rota planning on a weekly basis to ensure consistency of carers visiting service users.	Reablement Team Manager / Team Leaders	December 2014	Guidance has been given to all staff outlining the importance of consistency in care staff to ensure staff are aware of service priorities. Team Leaders have been closely monitoring weekly rota planning since December 2014 and any changes to the proposed rota must now be agreed by the management team.	

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KLOE 5 Is the service well-led? The service's leaders have created a culture that is open, fair, transparent, supportive, informed, challenging and continuously learning.					
Ref	**Key actions**	**Lead officer(s)**	**Completion date**	**Progress**	**RAG status**
				A quarterly audit will be carried out from April 2015 to monitor the consistency of care workers on an ongoing basis.	
5.4	Ensure that care plans are put in place promptly at each service user's home to provide a basis for reablement support.	Head of Assessment and Personalisation	March 2015	Occupational therapy practice managers have been briefed on the importance of ensuring Reablement Plans are in place at people's homes immediately following the functional assessment. Reablement staff have been given guidance to feed back to Team Leaders if there is no care plan in place after 3 working days from service start. This will also be monitored through the newly-established Reablement meetings, which are attended by the relevant teams.	
5.5	Review all current quality assurance tasks and processes and implement more effective working practices, ensuring service improvements are effectively monitored.	Head of Assessment and Personalisation / Strategic Lead Governance and Business Improvement	December 2014	Spot checks, supervisions, rota consistency and end of service surveys to be analysed quarterly from April 2015. Required improvements and other identified service improvements to be monitored quarterly by Head of Assessment and Personalisation and Strategic Lead Governance and Business Improvement through the KLOE improvement plan. Updates will be provided to the Adult Social Services Quality Assurance Board.	

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KLOE 5 Is the service well-led? The service's leaders have created a culture that is open, fair, transparent, supportive, informed, challenging and continuously learning.					
Ref	**Key actions**	**Lead officer(s)**	**Completion date**	**Progress**	**RAG status**