



Haringey Council

Report for:	Adults and Health Scrutiny Panel 29 June 2015	Item Number:	
Title:	Quality Assurance and the Care Quality Commission in Haringey		
Report Authorised by:	Beverley Tarka, Interim Director of Adult Services Charlotte Pomery, Assistant Director Commissioning		
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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, the CQC introduced a new approach to regulating, inspecting and rating adult social care services.
- 1.2 This paper provides an update to Scrutiny on the Council's approach to quality assurance and its relationship with the CQC; options for keeping Scrutiny informed of CQC inspections; the work that is underway with Sevacare and the CQC in light of the recent inspection; the progress that has been made in delivering the improvement plan for KLOE 5 – "*Is the service well led?*" in relation to the CQC Inspection of Haringey's Community Reablement Service

2. Cabinet Member introduction

- 2.1 I welcome the opportunity to provide an update on the work that is being undertaken to improve the quality of social care provision across Haringey and the focus on Scrutiny's role within this. I am also keen to share the work being undertaken to ensure Haringey's Reablement Service is CQC compliant. The service has recently undergone an external review and a steering group has been established to work through the proposals.



3. Recommendations

- 3.1 That the Committee notes the overall approach to Quality Assurance set out in the report as well as the specific updates regarding recent CQC inspections of Sevacare and of Haringey's Community Reablement Service.

4. Background information

- 4.1 Section 5 of the Care Act 2014 sets out new duties for Councils with regard to shaping and managing their local care markets. There are new duties placed on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition as set out in the Care Act is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.
- 4.2 Section 48 of the Care Act places new duties on local authorities to meet an adult's care and support needs and a carer's support needs when a registered care provider becomes unable to carry on a regulated activity because of business failure.
- 4.3 The Care Act also places the Safeguarding Adult Board on a statutory footing and confirms its role in ensuring the links between quality assurance and safeguarding are understood and followed through.
- 4.4 The Corporate Plan, Building a Stronger Haringey Together, sets out the Council's plans for transforming adult social care by a greater emphasis on supporting people to manage their own care through personalisation, early intervention and prevention of needs escalating. The Market Position Statement, recently approved by Cabinet, reflects these plans by setting out the commissioning intentions of the Council for providers to understand what the Council is seeking to achieve and how. At its June meeting, Cabinet approved the start of a statutory consultation affecting many areas of adult social care which, subject to this consultation, may lead to fewer services being directly delivered by the Council and instead being delivered by external providers.
- 4.4 The Council recognises the changing landscape for adult social care both in terms of the Care Act and its own commissioning intentions as set out in the Corporate Plan and the Market Position Statement. The Council is therefore strengthening its approach to quality assurance and contract monitoring role across all provision we will ensure a continued focus on quality of provision to ensure that people's quality of life is maintained and the wider outcomes they seek are achieved.

5. Quality assurance



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- 5.1 The Council is committed to ensuring high quality services are delivered to Haringey residents and to continue to improve quality in line with national and local requirements. We recognise that service users and their families and carers are often best placed to assess the quality of the care they receive and we will continue to listen to and act on feedback from users and other stakeholders in holding providers to account. In this feedback to date, users and their carers have consistently told us that the following are important to them and these values guide our approach to quality:
- Respect and dignity
 - Empowerment
 - Inclusion
 - Developing community resilience
 - Reducing inequalities
 - Ability to live healthy lives for longer
 - Fulfilling lives with opportunity for growth
- 5.2 We see our role as supporting providers to strengthen their safeguarding and quality practice in Haringey and working alongside the CQC in its regulatory role. We believe everyone has a contribution to make to ensure a good and safe service including:
- Service users
 - Family and carers
 - Care managers and social workers
 - Clinical Commissioning Group
 - Nurses and health workers
 - Commissioners and contract officers
 - Providers
 - Care workers
 - Advocates
 - CQC inspectors and
 - The public
- 5.3 Effective quality assurance is informed by good feedback and engagement, notably from users and carers, but also from wider stakeholders including the Care Quality Commission, providers and staff, Healthwatch and other agencies. We are reviewing our internal facing Quality Assurance Board to develop a focus on quality assurance across all partners, and have started discussions with the Adult Partnership Board about how best they can be involved directly in the work of the Board and ensure a stronger focus on the voice of the expert by experience.
- 5.4 We offer a range of support for providers to improve the quality of their service. We are reviewing the role of the Providers' Forum to ensure a principal focus on service improvement and quality standards which we believe will lead to greater collaboration between providers and develop a peer enabled focus on quality assurance and standards. Again, we have started discussions with the Adult Partnership Board about how best they can be involved directly in the work of the Board and ensure a stronger focus on the voice of the expert by experience.



Haringey Council

- 5.5 The Council works closely with the Clinical Commissioning Group (CCG) and has a regular schedule of meetings with the Care Quality Commission which contribute to a shared understanding of all regulated care and health provision operating in the borough. This joint approach enables the Council, the CCG and the CQC to deploy its resources most effectively and to work together and with providers to improve quality and to address any concerns with specific providers. Both the Council and the CQC take a quality improvement role where appropriate to ensure that the needs of service users are met with the same provider where possible but on the understanding that inadequate care is not acceptable. More detail on the approach is set out in s. 7 below where joint work regarding Sevacare is set out.
- 5.6 The CQC does not share draft inspection reports with the Council but works extremely closely with officers to ensure that we are focusing appropriately on those providers raising concerns in the borough. We also review the information available regarding providers and update this from a range of sources, such as Care Quality Commission (CQC) reports, care management reviews, commissioning monitoring, review of incidents and safeguarding alerts. Where there are systemic concerns we have developed an 'Establishment Concern Procedure' to manage improvement plans and to ensure the safety of individuals affected.
- 5.7 Officers are keen to explore with the Adults and Health Scrutiny Panel how the Panel feels best able to contribute to quality assurance of care providers operating in the borough. As well as sharing outcomes of CQC inspection reports, it may be that an annual quality assurance report, from the Safeguarding Adults Board, may be an appropriate mechanism for the Panel to be assured of the robustness of quality assurance activity in the borough.

6. Care Quality Commission Standards and Inspection Regime

- 6.1 The CQC has adopted a more rigorous approach to inspection than the one previously taken. In the new approach to inspections CQC gather information ahead of their on-site visit. They will be observing/interviewing service users and undertaking surveys as well as asking an Expert-by-Experience to phone people using the service (in a recent inspection in Adults, they used Age UK to send a letter advising them of a possible phone call - we were asked to complete and send a spreadsheet of names). CQC will also contact some of the community health and social care professionals who have had recent involvement with the people who use service(s), to gather their views.
- 6.2 An email will be sent to the registered manager of the setting/service requesting completion of a provider information return (PIR) under Regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This information will enable CQC to see if services are safe, effective, caring, responsive to people's needs, and well-led.
- 6.3 The consultation on guidance for providers (meeting the fundamental standards and on CQC's enforcement powers) was developed in response to the Francis Inquiry report and it proposes replacing CQC's 16 essential standards of quality and safety. All health and adult social care providers registered with CQC will have to meet the fundamental standards. These are the



Haringey Council

basic requirements that providers should always meet, and the standard of care and service that patients or care-users should expect. They will be legal requirements and CQC will be able to take enforcement action, including prosecution, when they find breaches. Care providers will be required to meet the fundamental standards as part of the requirements for registering with CQC, and on an ongoing basis. The standards are intended to be common-sense statements that describe the basic requirements that providers should always meet, and set the outcomes that patients or care-users should always expect.

6.4 Each outcome will be supported by a small number of other conditions – these provide CQC with a means of taking appropriate enforcement action where providers are found to be slipping, but have not yet breached the requirement. This supports CQC's new approach to inspection and enforcement which is based less around checking compliance with detailed regulations, and instead focuses on five key questions about care:

- Is it safe?
- Is it effective?
- Is it responsive?
- Is it caring?
- Is it well-led?

In summary, the draft regulations are:

- a) care and treatment must reflect service users' needs and preferences;
- b) service users must be treated with dignity and respect;
- c) care and treatment must only be provided with consent;
- d) all care and treatment provided must be appropriate and safe;
- e) service users must not be subject to abuse;
- f) service users' nutritional needs must be met;
- g) all premises and equipment used must be safe, clean, secure, suitable for the purpose for which they are being used, and properly used and maintained;
- h) complaints must be appropriately investigated and appropriate action taken in response;
- i) systems and processes must be established to ensure compliance with these Fundamental Standards;
- j) sufficient numbers of suitably qualified, skilled and experienced staff must be deployed to meet these standards;
- k) persons employed must be of good character, have the necessary qualifications, skills and experience, and be capable of performing the work for which they are employed.

6.5 If a provider is not meeting an outcome, they will be considered to be committing an offence. Where a breach of a requirement could directly result in a person/group being harmed, CQC will have the power to bring a prosecution straight away, but where a breach has not or would not directly result in harm, CQC would use its other enforcement powers. It is intended that CQC's prosecution activity should focus on the most serious failings in care.

6.6 In line with section 85 of the Legal Aid, Sentencing and Punishment of Offenders Act 2012, the penalty for failing to meet the registration requirements will also change from a maximum fine of £50,000 to an unlimited fine.



Haringey Council

6.7 One of the new requirements is that systems and processes must be established to ensure compliance with the fundamental standards. This makes it a legal requirement for service providers to monitor compliance with these standards. This will impact on both internal service providers, and commissioning and monitoring of external service providers.

6.8 Prosecution activity will focus on the most serious failings in care but it will become even more important to monitor both internal and external service providers' compliance with the fundamental standards in order to prevent service failings, so that service continuity can be maintained and financial risk managed.

7. Scrutiny and the Care Quality Commission

7.1 The Care Quality Commission has indicated its keenness to work with the scrutiny function of local authorities in a more proactive and joined up way. It is not anticipated that the CQC will be notifying Scrutiny in advance of every social care inspection, as there will be too many of them, but (as officers do) it is possible to sign up to receive alerts about inspections of local care services at <http://www.cqc.org.uk/public/our-email-alerts> and to receive the press releases for local inspection reports when published.

7.2 The CQC lead inspector locally has also proposed that the CQC attends Scrutiny on an annual basis to set out their inspection programme, talk through any emerging themes and ensure awareness of the standards and approach being adopted. This could coincide with the suggested annual report from the Safeguarding Adults Board.

8. Approach to quality assurance: Inspection of Sevacare

8.1 Sevacare is a national provider with some 19 branches across England. Sevacare is regulated by the Care Quality Commission (CQC), which inspects the service regularly, the last inspection of the local branch having taken place in December 2014. The report has recently been published, and a warning notice issued in respect of one outcome area.

8.2 Sevacare works in Haringey and had a block contract with the Council which ended on 31st March 2011. The Council does not have a contract with Sevacare. Since then, Sevacare has remained a provider in the borough, albeit with diminishing volumes of work. There are 279 Haringey funded clients currently with Sevacare, the Clinical Commissioning Group funds 2 clients and there are 30 privately funded clients. In line with our policy on personalisation and user choice, all the Haringey funded clients have their own contractual arrangements with Sevacare, through spot purchasing arrangements.

8.3 The Council has been engaging with Sevacare and with the CQC since 2013 on issues raised during their 2013 inspection. A further CQC inspection found that Sevacare had made improvements and met standards relating to the care and welfare of people using the service, quality and risk management, complaints and safeguarding notifications. In 2014, the Haringey



Haringey Council

branch of Sevacare took on a new contract with Islington Council and the CQC also introduced a new inspection regime, for which Haringey Council agreed to be an early adopter.

- 8.4 The most recent CQC inspection took place on 15th and 16th December 2014. The CQC found overall that people using the service were at significant risk of receiving inappropriate or unsafe care. CQC found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. CQC are taking enforcement action against the registered persons and will report further on this when it is completed.
- 8.5 In terms of the CQC process, Sevacare must now demonstrate and evidence that they are taking steps to address areas that require improvement and must prioritise ensuring an effective quality assurance system is implemented immediately. In terms of the other areas where CQC has identified improvements are needed, CQC, at their next inspection, will test whether Sevacare has taken appropriate action in these areas. Where they have not, CQC may choose to issue warning notice(s) where appropriate.
- 8.6 Following the announcement of the inspection results, the Council's Establishment Concern Procedure was instigated and as a result an immediate suspension of new care packages with Sevacare was put in place. Referrals to Sevacare will remain formally suspended for the foreseeable future. New referrals are being made to alternative providers. The Safeguarding Adults Team is fully involved in all activity in respect of Sevacare.
- 8.7 All Haringey funded clients are being reviewed and if they wish to change their contract to receive care from a different provider, we will support them in doing this. It should be noted that not everyone using the Sevacare service may want to change, especially if they are satisfied with their individual carer(s). There is adequate provision locally and people will be able to move to a different provider where this is the client's preferred option.
- 8.8 An Improvement Board has been established with senior managers from the Council and Sevacare as well as appropriate local branch officers, to implement a robust improvement plan to address the concerns. The senior management team of Sevacare has removed their local branch manager and brought in a Quality Assurance manager and a Director of Operations to oversee implementation of the improvement plan. The management team has also been required by us to undertake spot checks of their care staff, to ensure care is taking place at the times and to the standards required.
- 8.9 Sevacare has been required by the Council to contact all people who are currently using their service, including self funders to advise them about the outcome of their Care Quality Commission inspection, providing them with information about who they can contact.
- 8.10 In addition to a review of all service users, the Council continues to visit Sevacare on both an announced and unannounced basis, and will contact a sample of people who have agreed for services to continue to ascertain their views about Sevacare. They will be offered an opportunity to share concerns.

9. Inspection of Haringey's Community Reablement Service



Haringey Council

9.1 Haringey's Community Reablement Service was inspected on 30 July 2014 under the new inspection framework the CQC assesses all health and social care services. Overall the Haringey Community Reablement Service was rated as a **Good** service.

9.2 **The key findings of the inspection are summarised below.**

9.3 **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.

9.4 **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.

9.5 **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.

9.6 **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.



Haringey Council

- 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.

9.7 **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.

9.8 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.

9.9 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.

9.10 Please note that the in-house Reablement Service is staffed by 29 people and supports, on average, 33 service users at any given time.

10. **Comments of the Chief Finance Officer and financial implications**

10.1 There are no financial implications arising directly out of this report. The report updates the Panel on a range of current activity that is funded from within the Adults base budget.

11. **Comments of the Assistant Director of Corporate Governance and legal implications**

11.1 There are no legal issues arising from the recommendations of the Report.



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
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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	<p>All staff are spot checked twice per year. The spot checks are linked closely to their supervision session, to provide feedback and deal with any issues identified.</p> <p>The service is on target with planned spot checks. Since April 12 members of staff had been scheduled to have a spot check and these have been completed on time. The spot check involves a Team Leader from a different team scoring the member of staff based on observation in a range of areas of practice including dignity, safety, communication and recording together with feedback from the service user. An analysis of the results so far show that the all those</p>	
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				<p>staff who have been spot checked are either meeting or exceeding the expected standards in all areas on observation by their Team Leader. The spot check has identified one member of staff as needing to improve around communication and dignity following feedback from the service user. This is being addressed in supervision</p>	
5.2	<p>Develop matrix to monitor supervision of care staff and ensure this is reviewed weekly.</p>	<p>Reablement Team Manager / Team Leaders</p>	<p>Ongoing</p>	<p>A supervision matrix was introduced in January 2015 to monitor staff supervisions. All staff receive supervision on a 6 weekly basis and where appropriate these will be linked to the spot checks. Supervision is pre-planned for the whole year and the due date recorded in the matrix.</p> <p>The matrix is reviewed by Team Leaders and discussed with the Team Manager in monthly 1:1s.</p> <p>A full analysis of the effectiveness of the supervision matrix will be undertaken in July. However, so far the supervision matrix appears to be working well giving Team Leaders and the Team Manager an instant record</p>	



Haringey Council

				<p>of supervision across the service. The records show that staff have been mainly receiving supervision when due. Currently three members of staff are overdue by 2 weeks due to the absence from the office by the Team Leader. These will be arranged by the Team Leader on her return to work next week.</p>	
5.3	<p>Team Leaders to monitor rota planning on a weekly basis to ensure consistency of carers visiting service users.</p>	<p>Reablement Team Manager / Team Leaders</p>	<p>December 2014 and Ongoing</p>	<p>Team Leaders have been closely monitoring weekly rota planning since December 2014 and any changes to the proposed rota is now agreed by the management team.</p> <p>Audits to monitor the consistency of care workers will happen on a quarterly basis with the first due July.</p> <p>The Team Manager has been taking oversight on a weekly basis until the first full audit is due to ensure that no unauthorised changes to the rota, affecting consistency, are made</p>	
5.4	<p>Ensure that care plans are put in place promptly at each service user's home to provide a basis for Reablement support.</p>	<p>Head of Assessment and Personalisation</p>	<p>March 2015 and Ongoing</p>	<p>All staff are aware of the importance of ensuring Reablement Plans are in place at people's homes immediately following the functional assessment. This is included in the spot check</p>	



Haringey Council

				<p>Reablement staff feed back to Team Leaders if there is no care plan in place after 3 working days from service start. They are also provided with additional guidance from the managers following receipt of the hospital occupational therapy report.</p> <p>Feedback from the MDT Reablement meetings suggests this practice is working well.</p>	
5.5	<p>Review all current quality assurance tasks and processes and implement more effective working practices, ensuring service improvements are effectively monitored.</p>	<p>Head of Assessment and Personalisation / Strategic Lead Governance and Business Improvement</p>	<p>December 2014 and Ongoing</p>	<p>Spot checks, supervisions, rota consistency and end of service surveys to be analysed quarterly from April 2015.</p> <p>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.</p>	