

Corporate Policy and Strategy

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Quality Assurance for Care Provided in People's Home and in Residential Care

Item number	8.1
Report number	
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Single Outcome Agreement	Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health

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Executive summary

Quality Assurance for Care Provided in People's Home and in Residential Care

Summary

This report describes the current quality assurance mechanisms in place for the provision of social care, with a particular emphasis on care in people's home and residential care for adults. It restates the mechanisms, which were in place and reported to Policy and Strategy Committee in August 2012 in the Chief Social Work Officer's Annual Report 2011-2012.

Quality assurance and improvement are a continuous process, and activities are added to the system, as and when these are identified as adding value. This report includes further developments.

Recommendations

Corporate Policy and Strategy Committee is asked to note the content of this report.

Measures of success

Quality assurance of social work and social care services is a key priority for the Council. To reflect this commitment to improving the quality of care for people in Edinburgh, a range of mechanisms has been developed.

These mechanisms are kept under regular review and are updated or extended as new issues become known.

Financial impact

The arrangements in place to assure the quality of services are funded from existing budgets. However, there are very significant financial implications to the rising volume of demand and the need to reduce spend on public services. There is evidence that the downward pressure on cost is leading to serious recruitment and retention issues, challenges in terms of staff training, and problems with capacity to meet needs and review provision – all of which impact negatively on quality. The financial implications of the work described at 2.4.2 will be included in future reports to members.

Equalities impact

The quality assurance arrangements in place for social work and social care services are consistent with the Council's equalities duties.

Sustainability impact

There is no sustainability impact from this report.

Consultation and engagement

Service User Surveys and Feedback

As well as surveying users of internal home care and commissioned care at home services on a quarterly basis, services regularly seek the views of service users at a local level, e.g. in residential care homes for older people and residential child care. Results of these surveys are analysed and presented at the relevant management meetings and improvement plans are updated accordingly. Improvements have been made to the commissioned care at homes surveys, based on feedback received from service users in 2011/12.

To supplement existing arrangements, service user and carer focus groups have been introduced to enable them to share their views on the quality of the service provided and how it could be improved.

Background reading / external references

Quality Assurance for Care Provided in People's Home and in Residential Care

1. Background

Volume of Demand

- 1.1 There has been a steady rise in the number of people requiring support to help them live independently and safely in their own home, and in those for whom residential accommodation is necessary. This volume of demand is growing across all service user and age groups.
- 1.2 The Council either provides directly (12,780) or ensures the provision of (39,125) a total of 51,905 hours of support per week to 4,217 people in their own home.
- 1.3 The Council also provides (590) or purchases (2,466) a total of 3,056 care home places per week across all service user and age groups.

2. Main report

Quality Assurance

- 2.1.1 There is a wide range of quality assurance activity taking place within the service. This varies from day-to-day quality assurance at a local level by managers of services, to broader self evaluation activity, involving practitioners and service users.

Considerable efforts have been made to supplement existing quality assurance arrangements since 2011. Developments include:

- launch of a Care Service Feedback process for Council employees
- creation of two multi-agency quality assurance groups, the membership of which includes the Care Inspectorate, NHS Lothian and the City of Edinburgh Council
- creation of a quality assurance overview group, which has considered and approved new quality assurance mechanisms
- implementation of a new approach to reviewing service users placed within residential care homes for older people

- strengthening of adult protection procedures in care homes for older people; and
- introduction of electronic monitoring of commissioned care at home agencies.

2.1.2 Social work services are also subject to external scrutiny by the Care Inspectorate. External scrutiny is not included in significant detail within the scope of this report.

All staff are required to comply with the Scottish Social Services Council (SSSC) Code of Conduct, the National Care Standards and legislation. To enable staff to work to these standards and ensure that they continue to comply, there is a range of assurance arrangements in place, which apply irrespective of whether a service is provided directly or purchased.

Quality Assurance Arrangements

2.1.3 Case File Audits

There is a well established case file audit programme for both children and adult social work services. This involves selecting a sample of case files for the main service user groups and arranging for trained file readers to audit the files, highlighting good practice and areas for improvement. At the end of each audit, a report with recommendations is drafted by the lead Quality Assurance Officer and presented to the relevant management team. An action plan is then developed and is monitored through existing performance management arrangements. During 2012/13, we have introduced a more qualitative aspect to these audits. The audit programme is flexible to respond to identified practice issues, as necessary.

2.1.4 Self Evaluation

There is a wide range of self evaluation activity taking place across Health and Social Care and Children and Families. Managers of services registered by the Care Inspectorate complete an annual self assessment and submit this to the regulatory body. Case file audits are also a form of self evaluation. There were seventeen self evaluations of social work services facilitated by Quality Assurance Officers, during the financial year 2011/12. These evaluations were carried out using the Edinburgh Improvement Model (EIM), which is based on the Public Service Improvement Framework (PSIF). Improvement plans were developed for each service. Discussions have been taking place within the Council Management Team to enable a more flexible approach to the preferred self evaluation model to ensure it meets the needs of each service most effectively. The model(s) chosen by services must reflect the European Foundation for Quality Management (EFQM) framework. During 2012/13, self evaluation exercises will be carried out in a range of social work services, using the Care Inspectorate Performance Improvement Model (PIM).

2.1.5 Service User Surveys and Feedback

As well as surveying users of internal home care and commissioned care at home services on a quarterly basis, services regularly seek the views of service users at a local level, e.g. in residential care homes for older people and residential child care. Results of these surveys are analysed and presented at the relevant management meetings and improvement plans are updated accordingly. Improvements have been made to the commissioned care at homes surveys, based on feedback received from service users in 2011/12.

To supplement existing arrangements, service user and carer focus groups have been introduced to enable them to share their views on the quality of the service provided and how it could be improved.

2.1.6 Quality Assurance Sub-groups of Public Protection Committees

Quality Assurance sub groups of the Adult and Child Protection Committees and the Offender Management Committee meet on a bi-monthly basis. These sub-groups monitor a broad range of key performance indicators and local improvement plans, and commission detailed quality assurance activity for services, such as multi-agency self evaluation, including staff focus groups, service user interviews and case file audits. Specific services also convene quality assurance themed meetings, e.g. for Mental Health and Substance Misuse and Residential Child Care. This helps to embed quality assurance throughout the social work service. In addition, the main public protection committees commission multi-agency significant case reviews, as appropriate. The outcome of these reviews is reported to the multi-agency Chief Officers' Group (public protection) and fed back to practitioners as part of their professional development.

2.1.7 Reviews of Service User Needs

Reviews of the needs of service users are carried out routinely. This is part of the broader quality assurance of the services provided and commissioned by the Council. Performance for reviews has improved during the last two years, however, this remains an area of significant challenge to resource comprehensively, and there is a need for further improvement in our performance across adult and children's services.

2.1.8 In 2011/12, a range of improvements was made to the way in which the needs of service users are reviewed. This includes prioritising reviews of all residents in care homes presently graded as a 1 and 2 for care and support, and the introduction of the 'whole care home' reviewing model by the Council's residential review team, in association with the Care Inspectorate. The high number of people receiving social care services places significant pressure on capacity to review cases regularly. Individuals are prioritised according to measures of vulnerability and known service quality.

2.1.9 Complaints Monitoring

Service users have access to contact numbers in their Personal Plan to enable them to contact the Home Care Co-ordinator with any issues they may have. In addition, there is a number to call in an emergency. The service user also has face to face communication with the front line staff who can feedback to their line manager, thereby advocating on behalf of the service user.

2.1.10 Service users have access to the formal complaints procedure. This feedback enables managers to deal with the issue and where appropriate use this to inform a staff member's future practice.

2.1.11 Following a disciplinary investigation or the outcome of a complaint investigation, the service takes action to ensure that poor practice is responded to and policies and procedures are amended to provide guidance and clarity of expectation.

2.1.12 The integrated Advice and Complaints Service coordinates and monitors complaints relating to all of the Council's social work services. The service reports to both Children and Families and Health and Social Care performance management and quality assurance meetings on a quarterly basis, and highlights learning points, which are then integrated into improvement plans. The Council receives an annual report on social work complaints. In addition, any adult service, which receives repeated complaints is subject to consideration at the multi-agency quality assurance group for that service. These groups meet bi-monthly (see 2.1.16 below).

2.1.13 Care Service Feedback

To enable Council employees to feedback any concerns or positive comments they may have about the quality of a care service in Edinburgh, a new quality assurance procedure was launched earlier this year. Following consultation with a range of employees, this was entitled 'Care Service Feedback'.

2.1.14 The intention over time is to extend this system to other agencies and members of the public.

2.1.15 All feedback is collated and used to assist in targeting improvement activity. This development does not replace or duplicate the formal complaints process, nor the Care Inspectorate's role; nor does it replace adult and child protection procedures. It is intended as a positive tool in support of continuous improvement and will be used for this purpose.

2.1.16 Multi Agency Quality Assurance Groups

In 2011/12, two multi-agency quality assurance groups were established for adult services. These groups meet every two months and bring together officers from the Council, the Care Inspectorate, NHS Lothian and any other relevant agency. The groups consider those care homes and care at home services

where the quality of care and support provided has been identified as falling below required standards as follows:

- fails to meet national care standards and is the subject of a Care Inspectorate enforcement/improvement action notice
- has Care Inspectorate grades of 1 or 2
- has been the subject of one or more complaints to the Care Inspectorate and/or the Council's Advice and Complaints Service
- has been the subject of one or more Care Service Feedback concerns
- has service users who have been or are likely to be affected by adult support and protection procedures
- is identified by the Council Contracts Team as failing to meet specified service standards
- has been the subject of investigation by any other agency
- has been or is likely to become the subject of media interest, which requires a co-ordinated multi-agency response.

2.1.17 The remit of the groups includes the Council's own care provision as well as provision purchased from the voluntary and private sectors.

2.1.18 External Scrutiny

The Care Inspectorate carried out an initial assessment of social work services in Edinburgh in 2011/12 and published the report of its findings in February 2012. In comparison to the previous scrutiny, when the Care Inspectorate made 17 recommendations for improvement, only 4 recommendations were made in 2011/12 and an action plan has been developed to monitor progress.

2.1.19 Both domiciliary and residential care are inspected by the Care Inspectorate. Since the Health and Sport Committee Inquiry into the Regulation of Care for Older People, published in November 2011, the frequency of inspection for care services is informed by a risk-based, targeted inspection regime, however, the minimum is one annual inspection, which must be unannounced. Each Care Inspectorate report leads to an associated action plans developed by the service. These plans are analysed, and performance reported to appropriate management meetings and Council committees.

2.1.20 Responsibility to Report Concerns (Whistle Blowing)

The service has a clear expectation on staff to report any concerns, which come to their attention and this is articulated in policies and procedures. Staff are aware that should a service user tell them of any negative incident involving another member of staff, this must be passed on to their supervisor, who will follow up and act on the information received.

2.2 Additional Quality Assurance Arrangements for the Council's Home Care Service

2.2.1 Staff Recruitment and Induction

As part of internal recruitment processes, new staff are required to provide two references and a Protecting Vulnerable Groups Certificate.

2.2.2 New staff are required to participate in local induction and shadowing. They are provided with an induction pack, which includes:

- a confidentiality statement
- key values
- advice and guidance on how to deal with specific situations, such as health emergencies
- the Scottish Social Services Council code of practice and National Care Standards to reinforce their responsibility
- details of the Council's policies and procedures relevant to their service area, i.e. Protection of Adults at Risk

2.2.3 Training and Guidance for Staff

All home care staff are required to undertake training from the Essential Learning 5 day Programme. This includes training on:

- Manual Handling
- Foot Care
- Catheter Care
- Stoma Care
- Food Hygiene
- Administration of Medication
- Infection Control
- Hoist Awareness
- Personal Care
- Coping in an Emergency
- Principles of Care
- Adult Support and Protection
- Safe Caring and Restraint

- Dementia Awareness
- Palliative Care
- Confident Care Plans
- Risk Assessment

2.2.4 Supervision and Performance Review

One-to-one supervision is carried out by the manager with individual staff members. Agendas are used to ensure all relevant topics are addressed. During supervision, the manager and staff member have the opportunity to discuss any issues or concerns they may have, as well as giving an opportunity for positive feedback and constructive criticism. Managers discuss best practice, National Care Standards and legislation.

2.2.5 Performance Review and Development meetings (PRDs) are carried out with all staff. PRDs enable managers and staff to focus on the objectives relevant to their role, any training required, the National Care Standards, legislation and best practice.

2.2.6 Observations

Home Care Co-ordinators carry out direct observation and quality assurance visits with frontline staff and service users in their home, with their agreement, to ensure good practice and to evaluate quality.

2.3 Additional Quality Assurance Arrangements for External Care at Home

2.3.1 The Council has a contract with 18 independent sector providers. It is also necessary at times to purchase additional services outwith the contract to respond to demand pressures.

2.3.2 When tendering for care at home providers, bidders are assessed on the basis of 70% quality and 30% cost. They must also be able to deliver the Council's strategic outcomes and objectives for a care at home service. Quality criteria are set out in the tender documents and tested throughout the evaluation process.

2.3.3 Over the past few years, in response to identified need, Health and Social Care's Contracts Team has developed an increasingly systematic process to support the management of contract creation, execution and analysis.

2.3.4 A contracts Risk Register has been developed, which captures:

- key third party contract details

- service user/other stakeholder complaints
- care quality alerts
- care Inspectorate grades awarded to providers
- variations in service cost benchmarks

2.3.5 Regular scrutiny of the Register allows for early identification, assessment and prioritisation of risk, and the application of resources to minimise, monitor and control the probability and/or impact of untoward events. A rise in complaints may, for example, provide early warning of potential adult protection risks, while a fall in Care Inspectorate grades can signal the need to intervene to address weaknesses in provider management capacity, before these become the subject of regulatory intervention.

2.3.6 A review of contracting activity followed the restructuring of Health and Social Care, aligning the Contracts Team with the Quality Assurance and Performance and Information functions under the Chief Social Work Officer. This arrangement allows for cross referencing of a range of indicators, e.g. complaints, quality concerns and contract compliance – to provide the best picture of a provider's performance.

2.3.7 Changes to contract templates have introduced greater detail to allow for more meaningful contract compliance monitoring, focused on quality.

2.3.8 Key performance indicators designed to mitigate risks identified as part of the Contracts Team review have been agreed for the period 2010/2013. These are listed below, together with progress:

- **Adult Protection:** Contracts Team involvement in 100% of adult protection matters arising from service user interaction with a third party provider, in order that any necessary immediate, medium and longer term contract related corrective action is taken. 90% engagement achieved in 2011/12. Work is ongoing to raise awareness among social work staff of the need to alert the Contracts Team to all issues.
- **Regulatory Intervention:** the aim of this indicator is to reduce the number of providers subject to regulatory intervention. A reduction in the number has been achieved from 14% of regulated services in 2010 to 5% in 2011/12.
- **Service Failure:** intervention is intended to prevent the disorderly failure or withdrawal of service by a provider. A Care Home Closure Contingency Plan is in place. This was implemented in respect of the failure of Southern Cross. Contract novation and other procedures are

in place to ensure the speedy transfer of service users to alternative providers in the event of business failure.

- **Interruptions to Business Continuity:** Business Continuity Plans are in place for weather, health, security and market related events. These were subject to specific scrutiny as part of the Council's successful efforts to secure Business Continuity Accreditation in 2011.
- **Reputation:** to improve Council/provider relations and reduce the number of untoward events among third party providers, providers' view of their relationship with the Council is to be the subject of a survey in November this year. 'Lessons learned' reviews have taken place in respect of six issues involving contract compliance failures since 2010.

2.3.9 Electronic Monitoring

In addition to its own provision of services, the Council contracts with a range of voluntary and independent agencies to provide care at home services to older people and adults with disabilities. After consultation with service users in October 2011, it was agreed that the Council would collect information regarding the things people told us are important to them.

For every visit an agency provides, the Council records the start time, the finish time and which care worker(s) attended. Every 12 weeks, these records are used to score and give a ranking to each care at home provider. The standards being monitored are as follows:

- a) punctuality: workers should arrive at a person's house within 15 minutes of the time arranged
- b) staying for the agreed time: care workers should stay for most of the planned time, that is, at least 8.5 minutes of every 10 minutes planned for each person
- c) consistency of care workers: providers must try to allocate regular care workers to service users

2.3.10 The Council combines scores for these 3 criteria to give an overall score with each agency. Performance is monitored and required improvements discussed with the relevant provider.

2.3.11 During 2012/13, the Council will publish this information on its website and will extend the use of electronic monitoring to cover the internal home care service.

2.3.12 Contract management is carried out by the Contracts Manager and Contracts Officers. Contract Officers make regular visits to providers.

2.3.13 Sector Practice Team social workers are encouraged to raise any issues and difficulties regarding providers.

2.3.14 Recently reported issues include:

- carers not arriving for visits or arriving at the incorrect time
- agencies sending the incorrect gender of carer when stipulated that personal care should be undertaken by female/male
- adult protection concerns relating to a carer

2.4 Workforce Issues

2.4.1 The delivery of high quality social care services depends on a motivated, trained and committed workforce, irrespective of the employing sector. Consistency, reliability and continuity of relationships are as important as training and supervision. A consequence of continued downward pressure on costs is the potential destabilisation of the capacity of the Council and provider agencies to meet both the volume of demand and the expected standards.

2.4.2 This issue is being addressed by a range of initiatives, involving cross-Council services and partner organisations. Developments and their implications will be reported at a later date.

2.5 Conclusions

2.5.1 Quality assurance of social work and social care services is a key priority for the Council. To reflect this commitment to improving the quality of care for people in Edinburgh, a range of mechanisms has been developed.

2.5.2 These mechanisms are kept under regular review and are updated or extended as new issues become known.

2.5.3 The longer term service quality implications of the financial constraints facing public services, together with actions associated with mitigating these are the subject of detailed work from services across the Council and partner organisations and will be reported at a later stage.

3. Recommendations

3.1 Corporate Policy and Strategy Committee is asked to note the content of this report.

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