

## TRAFFORD COUNCIL

**Report to:** Health Scrutiny Committee  
**Date:** 27 June 2019  
**Report for:** Information  
**Report of:** Director of All Age Commissioning

### Report Title

Residential and Nursing Care Home Quality Update.

### Summary

This report is to provide an update for the health scrutiny committee in respect of the improvement work being undertaken in residential and nursing care.

### Recommendation(s)

That members

1. Note the progress made to date.
2. Request regular updates at 6 monthly intervals on quality within the market.

### **Contact person for access to background papers and further information:**

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## 1. Background

- 1.1 Trafford has a total of 57 Care Quality Commission (CQC) registered Residential and Nursing Providers. This equates to a total of 1609<sup>1</sup> beds on the CQC website.
- 1.2 Each home is registered to work with a particular group of people based on age and on need, and in Trafford we have;
  - 33 Older People's Homes (65+) which equates to 1244 beds.
  - 21 Mental Health and Learning Disabilities (18+) which equates to 192 beds.
- 1.3 The Older People's homes are all provided by the independent sector and vary in size from 10 beds to 95 beds.
- 1.4 Trafford have no internal older people's residential and nursing provisions, providing long term care. Trafford own the building where our 45 bed intermediate care unit is based, Ascot House. This is commissioned by Trafford CCG and run by Trafford's integrated care service (Pennine Care and Trafford Council). These beds are reported within the CQC data and this is being provided by way of information to understand the full scope of the numbers at 1.2 above.

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<sup>1</sup> \*This figure includes the CQC data for a closed service (33), a duplicate registration (95) and Ascot House IMC (45).

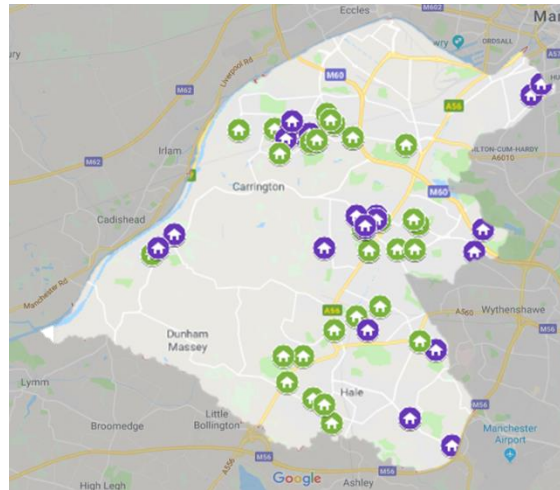
Trafford Map of  
CQC Registered  
Residential and  
Nursing  
Provision:



Older  
People's  
Homes.



Mental  
Health and  
Learning  
Disabilities.



- 1.5 Trafford had 5 provider exits in 2018. This has resulted in a total loss of 150 beds and required the relocation of approximately 98 vulnerable adults. There were various reasons that led to the market exits which included poor quality of care impacting on the registration of the service, poor quality identified by the Council's quality assurance team which led to enforced suspensions on new placements, and the unexpected death of a home owner/manager. As a result of this and the fast pace with which events can unfold, Trafford have developed their own contingency plans for market exit. In addition, commissioners have been working closely with our colleagues at the Northwest ADASS sharing our experience and lessons learnt to support their review of the paper on Managing Care Home closure<sup>2</sup>.
- 1.6 Neither Trafford Council nor the Trafford Clinical Commissioning Group (CCG) has authority to close a service due to poor quality of care or safety. This role lies with the Regulator, the Care Quality Commission or the Health and Safety Executive. Trafford Council and Trafford CCG do have the ability to restrict funded placements to a service.
- 1.7 CQC introduced a new comprehensive approach to inspection, in 2014/5 with CQC beginning to develop a systematic picture of the quality of care with a refreshed inspection regime. This was a significant change in approach and standards required by providers which may have contributed to the reduction in ratings.
- 1.8 Quality regulation of health and adult social care services can and does make a real difference to the lives of people who use the services and professionals who deliver these services. CQC's purpose is, assurance that health and social care services deliver safe, effective, compassionate, high quality care, and to encourage services to improve. The Council and the CCG are committed to continuing to support the improvements in quality, by working in partnership with providers particularly in the challenges facing health and care systems.

## 2. Improvements

- 2.1 The Council and CCG have established a programme of visiting, monitoring and supportive improvements which has been developing as the CQC inspection regime has been refined. The work has shown considerable impact.

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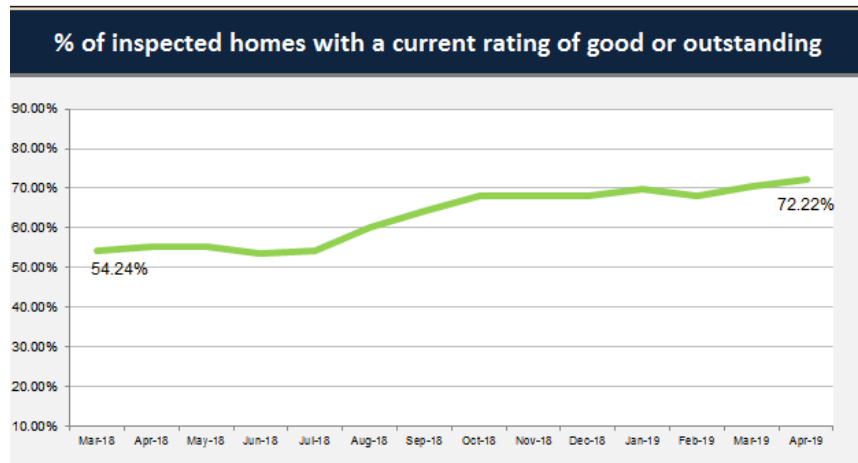
<sup>2</sup> [https://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/1577\\_QuickGuide-CareHomes\\_9.pdf](https://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/1577_QuickGuide-CareHomes_9.pdf)

We have developed and implemented a local method of measuring performance in Trafford using a combination of expertise and lessons learnt. The 'Quality Monitoring iTool' is the vehicle that allows officers to identify areas of risk and the ability to provide a focussed thematic approach. This was developed in conjunction with expertise in specific areas such as safeguarding, health and safety, Mental Capacity and Deprivation of Liberty Safeguards.

- 2.3 We know from our quality findings and from CQC improvement results that our approach has been effective in identifying and sharing examples of really good care, and in driving improvement in services while protecting people from poor quality care. This has been built into new systems and evolved to form a quality framework which both CQC and provider support.
- 2.4 The commissioners have improved the relationship with providers and moved to a proactive approach to quality improvement with the offer of enhanced support from both the Council and the CCG when crisis intervention is required. There is now an increased shared understanding of the pressures faced by providers.
- 2.5 Each commissioner within the quality improvement team is responsible for a mixed portfolio of residential and nursing providers. This maintains consistency with the provider, residents and the workforce and the can track improvement and understand the homes in a more individual way.
- 2.6 We have now co-produced and developed local quality assurance systems to support providers to be CQC ready with a visual aid on individual service performance, identifying the areas of improvement required. This has seen an increase in regulatory ratings by the CQC in Trafford. These relationships have supported us to develop other models of delivery to support other areas pressures such as Discharge to Assess (D2A), which facilitates a stable environment for an individual whilst further assessment process takes place. We are working more in partnership with providers using them as the experts by expertise.

### **3 Quality Improvement Programme – Key developments and Achievements**

- 3.1 The quality of care homes in Trafford has improved by 18% in the last 12 months. Performance tables are always retrospective, and this table does not reflect the current position which is an even greater increase in quality - in May 2019, Urmston Manor became our first outstanding care home. The improvement to the quality of the residential and nursing care in Trafford not only means that our residents get a better care experience but also that local care home market capacity is maintained.
- 3.2 When a home performs poorly, the Council develops an improvement plan and works with the provider to improve the quality of the service. Whilst this is happening, the Council may suspend any new placements to the home, to give the provider the opportunity to focus on quality. This means that any vacant beds become temporarily unavailable to our residents until such time as quality improves and is maintained. See Appendix one: Trafford performance over a 12 month period. Please note this does not include the update for May and therefore the outstanding rating.



- 3.3 **Systems and Process:** Through the implementation of these clearer systems and processes the team has been able to carry out annual quality assessments with all providers, in addition to thematic visits. These are undertaken utilising a mixture of announced and unannounced visits, when responding to any risks or concerns highlighted. This system has also now been implemented within homecare and is currently being developed within our Learning Disability and Mental Health registered care homes.
- 3.4 **Governance:** A joint governance arrangement is in place for escalation, decision making and reporting of care home quality risks. The governance of the quality improvement work is managed through the Joint Quality Improvement Board which is co-chaired by the Director of Commissioning for Trafford Council and the Chief Nurse for Trafford Clinical Commissioning group, and includes members of operational teams, CQC, and Healthwatch to communicate issues and actions. The group is currently under review to support the next phase of the improvement work.
- 3.5 **Quality Framework:** To support the continued improvement of the quality across the residential and nursing homes a quality Improvement framework is refreshed. The framework developed in May 2017 drove the principles of this Supported the our local joint approach to the improvement of the quality in care homes, improving people’s experience of their stay, make care homes safer, prevents hospital admission and stabilises the market. This is currently being reviewed along with the Governance to support further improvement work.
- 3.6 **Provider Concerns Portal:** The council has launched a Provider Concerns Portal within Liquid Logic. This has supported information sharing and capturing concerns at a service level. The database” enables the intelligence from all assessment teams into one place and understand the themes emerging.
- 3.7 **Information Sharing Protocol:** We have also signed up to the Northwest Provider Information Sharing Protocol. This allows commissioners to be aware of current issues relating to providers that provide support across Local Authority boundaries, and which may impact on Trafford residents. Being part of this process means that people receiving care and support will benefit from earlier intervention if required.
- 3.8 **Engagement Forums:** Engagement forums with providers are being held regularly and provide a supportive space for networking and sharing best practice, in specific areas e.g. Deprivation of Liberty Safeguards, Liberty Protection Safeguards,<sup>3</sup> Fire Safety, medication and nutrition.
- 3.9 **Registered Managers Network:** In conjunction with Skills for Care, a Registered Managers’ forum has been developed providing essential peer support for Registered Managers. Skills for Care are funded by the Department of Health and Social Care to support the setting up and running of Registered Managers networks in each Local Authority area. They are a

<sup>3</sup> <https://www.scie.org.uk/mca/dols/practice/lps>

complement to the Local Authority and Clinical Commissioning Group provider forums or networks. There are now networks in 7 of the 10 GM LA areas. We also have two GM wide networks for LD providers. They give Registered Managers, Deputy Managers and Assistant Managers an opportunity to learn and share together, offer peer support and the overall aim is to support the quality improvement of services. The terms of reference can be viewed at Appendix Two.

#### **4 Future Quality Initiatives**

4.1 **Web based quality tool:** As part of the next phase of embedding the improvements, we need to find a smarter solution platform for the iTool to function on, other than Excel. The Commissioning quality team has worked with Sundown Solutions, as their Vanguard Partner, to develop a digital platform which combines the Bed State Tracker and the Quality Assurance iTool. This will make it easier for providers to update on their bed vacancies, and complete their quality self-assessment. This is currently in a demonstration form, it has received positive feedback from the Quality Improvement team and providers and Sundown are making some final changes. The system is due to 'go live' later this year.

4.2 **Training Cooperative:** Trafford CCG in partnership with Trafford Council have launched a training cooperative for providers by using a training credit system. With a small investment this will provide them access to a range of accredited training. The benefit to the cooperative is that staff that access this training are provided with a passport programme of development. This means that the accredited training is transferrable across service providers. This reduces the provider costs to retrain staff when they move around in Trafford but also reduces the time of the induction process. The training provider is responsible for the passport of the staff members, which includes maintaining the training and development record, review timescales, and renewal dates. This reduces the burden on the provider that can be costly but also supports consistency of standards of training being delivered in Trafford.

4.3 **Adopt a Care Home:** Some of our care homes have informal links to local schools; however, there is no consistent approach. The benefits of intergenerational work have proved to be a huge success in one of our residential homes. Commissioners are working in partnership with Primary School Head Teachers initially to develop a formalised process across Trafford linking care homes and Primary Schools forging intergenerational links which;

- Build respect across age groups.
- Benefit from the wealth of knowledge of our care home residents and
- raise awareness / break down stigma which might be associated with age and conditions such dementia and physical disability.

This will be officially launched in September and will see the school children and the care home residents coming together for joint activity across shared sites, forming pen-pal relationships, attending events and participating in games, crafts and activities. More detail is found in Appendix Three.



- 4.4 **Greater Manchester Fire and Rescue Service:** Currently, Greater Manchester Fire and Rescue Service have a statutory responsibility to liaise with the CQC but not with the Council. Therefore, we are working with GMFRS to develop a Service Level Agreement to aid greater awareness of fire risk and policies across the care home sector. This will ensure that the Council is considered as a stakeholder and support collaborative working. We will also establish joint planning, education and learning sessions for providers and social care teams.
- 4.5 **Oral Care:** Good mouth care is vital in maintaining people's dignity, comfort, health and wellbeing, enabling them to smile, eat, drink and keep well. It can often be difficult for care staff to provide good oral care for people living with advanced dementia or complex dental conditions. The commissioning team are currently working closely with Trafford Oral Health Promotion Officers, with a view to care providers being offered free face to face training and a practical tool kit. The toolkit will provide information on how to access dental care for clients and clarifies issues around access to clinics, payment and transport. A practical guide contains sample policies, assessment and care plans for providers to use and adopt. It also provides links to online training resources and mirrors for community services; the "Mouth Care Matters" resources developed for hospitals.
- 4.6 **Blended Role – Trailblazer:** As part of the Greater Manchester 'Living Well at Home' Programme, we are adopting an accelerated improvement 'trailblazer' approach to address the significant key challenges around recruitment and retention within home based health and care provision, and the opportunity to create enhanced career pathways. This further develops the enhanced care worker career pathways widening roles for social care staff undertaking low level health tasks such as blood sugars, blood pressures, nutrition and hydration, UTI checks and low level wound dressing promoting further hospital avoidance where possible. Training and competency measures will be part of the programme and will be looked at to ensure this is safe and achievable.
- 4.7 **Greater Manchester Quality Improvement and Best Practice in Care forum:** We are learning from others and sharing good practice through our active membership of the Greater Manchester partnership forum.
- 4.8 **Teaching Homes:** Two Trafford Nursing Homes were selected to be part of the Greater Manchester Teaching Care Homes Model which aims to roll out best practice in nursing homes - Wynn Court and Faversham Nursing Home. Appendix Five: GM principles of the teaching homes model.
- 4.9 **Red Bag Scheme:** The Red Bag Scheme is designed to support patients, care homes, the ambulance and local hospitals to meet the requirements of NICE Guidance NG27, relating to transition between inpatient hospital setting and community or care home settings for adults with social care. Learning from the Sutton Vanguard programme, the paperwork and process have been localised to the Trafford area. This was implemented in 9 nursing / residential homes and feedback is showing a positive, improved experience for patients for both planned and unplanned admissions. A Hospital Pathway training session for all care homes is being developed and will be delivered in July. Additional work is being undertaken with Stockport and Manchester Clinical Commissioning Groups to align documentation and processes for the Wythenshawe Manchester Foundation Trust site. A presentation on the Red Bag Scheme can be found at Appendix four.
- 4.10 **Exercise in care homes - Motiview Bikes<sup>4</sup>:** A Scandinavian Company has created a way of combining cycling with a personalised visual display. When placed in residential care homes, it can give residents the opportunity to 'cycle down their street' or other areas from their past. The cycles can be positioned in different ways to be accessible for people's abilities. These are then placed in front of a TV screen which can show video, either from a library of places, or bespoke

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<sup>4</sup> <https://motitech.co.uk/motiview>

[https://www.youtube.com/watch?v=okZkh0cYESU&list=PLJgpDOPY4umJzfFiAEjBR\\_GI7rhJVrOdC](https://www.youtube.com/watch?v=okZkh0cYESU&list=PLJgpDOPY4umJzfFiAEjBR_GI7rhJVrOdC)

personalised options. This has demonstrated physical benefits through activity, and emotional stimulation through reminiscence and social interaction. Trafford have identified funding to purchase an initial two bikes to trial in homes. These will enable home owners and managers to determine whether the bikes can benefit their residents and purchased their own equipment.



- 4.11 **Cycle Scheme:** <sup>5</sup>Cycling Without Age is a voluntary community group based in Trafford. It provides an opportunity for the older people in local care homes and the community to remain an active part of society. The aim is to bring generations closer together using special trishaws (three-wheel cycles with a passenger cab out front). The rides enable people to experience the local community and nature close-up from the bicycle. There is an opportunity to regain social connection and for people to tell their story in the environment where they have lived their lives.

## 5 **Next Steps**

Following the learning to date and the positive improvements; the next steps are to embed the positive developments going forward. To achieve this we will;

- 5.1 **Review and update the quality framework.** To embed a joint working Programme which is agreed by the Director of Adult Social Services and Trafford Clinical Commissioning Group Chief Nurse.

This will maximise the use of the team whilst maintaining improved quality improvement to include a strategy around contingency support and resource allocation at times of enhanced support with the inclusion of providers.

- 5.2 **Review the governance of the Joint Quality Improvement Committee:** Updating the terms of reference to understand how this links with revised quality framework and escalation strategies whilst managing the balance required to improving quality, sustaining services and managing risk.
- 5.3 **Launch the web based “iTool”:** Launch the quality monitoring programme with providers and staff including training. This is intended to be completed before the end of summer to ensure that we have the ability to live track bed capacity in the market ahead of winter pressures.
- 5.4 **Review the format of the provider forums and the attendees to ensure that there is a voice from all providers - Review the Nursing Care Forum** - aimed at clinical leads and managers across the local 24hr care sector. This is currently under review by the Chief Nurse.
- 5.5 **Review of the Residential and Nursing Contract:** Moving to one approach for the Council and the Clinical Commissioning Group. This will include working towards one contracting and payment system including social care, CHC and 1:1 rates

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<sup>5</sup> <https://cyclingwithoutage.org/>

**6. Recommendations**

- 6.1 Members are asked to note the progress made to date in delivering improvements and the continued work to further improve quality across the health and social market.
- 6.2 Members may wish to request a further update in 6 months' time on these areas.