



Quality of Regulated Care in Leicester City

For consideration by: ASC Scrutiny Commission

Date: 24th August 2023

Lead director: Kate Galoppi

Useful information

- Ward(s) affected: All
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1. Purpose of report

- 1.1 This report provides the Adult Social Care Scrutiny commission with an update on work that is being progressed to address the challenge of quality in the Care Quality Commissions (CQC) settings for Adult Social Care.
- 1.2 The Commission previously received a report in March 2023, setting out the position of quality ratings of providers in the city, alongside a programme of work to address a position of declining performance with several providers of Social Care having received a poorer rating at their most recent inspection.
- 1.3 The work programme to address quality includes a forensic analysis of themes and trends identified through CQC reports. This report focuses on this element of the programme, outlining the training and support offer available locally to meet the needs identified through this analysis.

2. Summary

- 2.1 The Council has a duty under the Care Act to facilitate a diverse, sustainable, high-quality market for the whole local population, including those who pay for their own care, and to promote efficient and effective operation of the adult care and support market.
- 2.2 Leicester has a large market of independent care providers that support the provision of regulated care and support for more than 3000 people in the city. The market generally performs well but more recently concerns have been raised in response to the decline in ratings issued by the CQC when they have conducted inspections.
- 2.3 The Leicester City Council (LCC) Contracts & Assurance Service (CaAS) works closely with providers to ensure that issues are addressed, and standards raised. Using contractual levers and the provision of practical support and guidance around best practice, CaAS seeks to ensure that care provided to people needing this support can meet their needs and achieves the required quality standards.
- 2.4 Over recent years, and since the Covid pandemic, CQC inspections of Adult Social Care providers, has resulted in higher numbers of providers rated as inadequate or requires improvement, than previously. Whilst the risk-based approach to inspection that the CQC has been implementing will inevitably see more providers ratings decline, rather than improve, we are committed to taking a proactive approach to understand any systemic reasons for poor performance, and to deliver a programme

of activity to support improved performance, and delivery of quality of care for Leicester residents.

2.5 In response to the quality concerns in the market a programme of activity is underway. The programme includes a review of the core contract for residential and nursing care to assure us that it is fit for purpose to hold providers to account for the care and support that they deliver; with increased capacity to the Contracts and Assurance (CaAS) team through Additional non-recurrent health monies to support contractual management and performance improvement. Recognising the importance of workforce, a workforce strategy is in draft with actions being implemented to support the availability of a sufficient, confident and capable workforce, this includes a training offer as well as recruitment and retention support. A quality benchmarking exercise has been undertaken for learning disability and autism services that draws on the learning from several national reports to understand any quality gaps we have locally and identifying solutions to this. A quality in care pilot is underway with a small, dedicated team targeting providers with high-cost packages of care and observing practise to address both cost and quality – learning will be rolled out more widely.

2.6 Part of the planned programme to address quality concerns has been a forensic analysis of 39 CQC reports which rated 29 providers as Requires Improvement or Inadequate from January 2020 to June 2023. Some of these reports were produced following a revisit by CQC, in some cases the rating improved from Inadequate or Requires Improvement. The issues identified across both visits have supported the identification of themes and trends across settings. This is being used to support providers to access training that is on offer, and to identify any training gaps that exist and work with partners across the health and care system to meet those gaps.

2.7 In addition, CaAS staff have developed a series of Quality Improvement Cafes which will deliver support which has been identified as required from the analysis of reports. These are being delivered face to face. These are planned in every 6 weeks for the next 18 months. The subjects covered will deliver best practice guidance and practical resources to address concerns identified from the CQC reports.

3. Recommendations

3.1 For members to note the content of this report and the actions being taken to address quality concerns in Adult Social Care CQC settings.

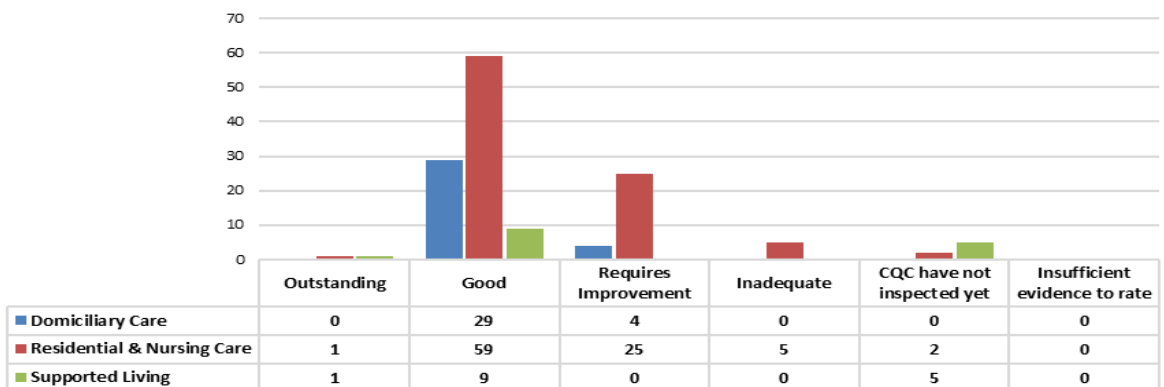
3.2 For members to be aware that any report that identifies poor quality or dangerous care is treated as a matter of concern, and as such the LCC contracts team takes urgent action to support providers to address issues and raise standards, ensuring people are safe from harm and neglect.

4. Report/Supporting information including options considered:

The Market and its Performance

- 4.1 All providers who deliver care which includes personal care are required to be registered with the Care Quality Commission (CQC). Providers register either to deliver care in the community (which includes both domiciliary care and supported living) or care in a care home (which may or may not include nursing care).
- 4.2 In Leicester there are 93 independently owned care homes operating currently and LCC contract with all except one home. 49 contracted homes deliver care to older people and currently 809 people are supported by LCC in these services. A further 875 people live in these homes, who are either funded by other councils, by the NHS, or who fund their own care. The total spend on residential and nursing care for older people was £39.4m in 2022 - 23 including payments to providers not based in the city.
- 4.3 The remaining 43 care homes are primarily delivering support to working age adults who need support with learning disabilities and / or mental health needs, and 352 people currently live in these homes supported by LCC. A further 210 people live in these homes, who are either funded by other councils, by the NHS, or who fund their own care. In 2022 – 23 LCC paid £31.9m for these services, however it should be noted that this figure includes payments to residential care providers across the country.
- 4.4 Within domiciliary care, the market currently has 190 registered providers operating in the city. LCC has a contract in place with 32 of these providers, who deliver 400,000 hours of care each quarter to people on behalf of LCC. LCC paid £33m in total for domiciliary care from contracted providers in 2022-23, in addition to £26m to people using a direct payment to purchase their own care.
- 4.5 The Council contracts with 15 Supported living providers. The main principles of supported living are that people drawing on this type of support own or rent their home and have control over the support they get, who they live with (if anyone) and how they live their lives. These services provide care and support to 396 people in their own homes, and the cost of this support is £16.2m per year. A further 196 people use a direct payment to access supported living from providers who are not part of the framework agreement at a cost of £9.7m.

CQC Ratings for Contracted Care Providers (As at 30th June 2023)



- 4.6 The table above shows that in June 2023 65.2% of the contracted providers in Leicester City are rated Good or Outstanding. While poor quality care is never acceptable this demonstrates that while problems do exist, the problems are not systemic in our contracted care. The tables shows that only 5 care homes are inadequate which is less than 5.4% of the total contracted market.
- 4.7 The approach by CQC to inspection has changed following the pandemic, operating a fully risk-based approach only visiting those services where intelligence identifies a cause for concern which could be partly responsible for the dip in ratings. By only visiting services where concerns are suspected the CQC limits their opportunity to identify good practice. In the last published CQC Area Profile (2020), our provider ratings for Residential and Nursing Care were:
- 3 Outstanding services; this is now 1.
 - 80 Good rated services; this is now 59.
 - 18 services rated Requires Improvement; this is now 25.
 - 0 Inadequate services; there are now 5.
- 4.8 The change in ratings not just in Leicester City but across the East Midlands has been so dramatic that the Association of Directors of Adult Social Services (ADASS) commissioned a piece of work to look at the data and developed a number of scenarios to try and determine why the CQC data for the East Midlands is so out of step with that of other areas and England in general.
- 4.9 This working group looked at a number of hypotheses including whether the commissioning arrangements and rates payable within the Region had impacted on the quality of provision, if there were specific workforce issues in the region that could impact quality, if there was any correlation with the local authority approach to quality monitoring and if the impact of a higher number of safeguarding concerns coming through to CQC in East Midlands leading to more targeted review.
- 4.10 Following several workshops and roundtable discussions no conclusion was reached which led LCC to look in detail at the reports and issues identified within City providers of residential care.

CQC Inspection findings

4.11 CQC reports from 2020 to June 2023 for 29 providers of residential and nursing care were analysed. Of the 29 reports 2 were for providers who had been rated Inadequate, 4 were where the rating had improved from Inadequate to Requires Improvement, 17 were for providers rated Requires Improvement, 6 were for providers where the rating improved to Good. The analysis identified 215 individual issues which had been identified during inspection at several the providers. These were grouped under 19 headings to aid the development of a local support offer from partner organisations working across Adult Social Care in Leicester, Leicestershire & Rutland (LLR).

- 4.12 The themes identified included:
- Medication (27 specific issues)
 - Health & Safety (22 issues)

- Nutrition / Eating & Drinking / dietary (18 specific issues)
- Inclusion and person-centred support (16 specific issues)
- Infection Prevention and Control (15 specific issues)
- Leadership (15 specific issues)
- Staff training & Development (12 specific issues)
- Assessment / care planning/ monitoring & review (12 specific issues)
- Safeguarding / Incident & accident management / lessons learnt (12 specific issues)
- Mental Capacity Assessments (10 specific issues)
- Staffing levels / deployment (9 specific issues)
- Moving & Handling (9 specific issues)
- Recruitment (8 specific issues)
- Fire Safety (7 specific issues identified)
- Pressure area care (4 specific issues)
- Diabetes (3 specific issues)
- Personal care / Dignity & Control (4 specific issues)
- End of Life (2 specific issues)
- Covid 19 (5 specific issues) N.B. this has not been included in the analysis of training needs.

4.13 The analysis and themes identified have been shared widely with commissioners from health and social care in LLR and across the region, with training organisations commissioned by the local authorities, providers of residential and nursing care and officers and managers within CaAS.

4.14 A similar process is looking at the reports for domiciliary care providers and a programme of support will be produced once this analysis is complete. However, at the current time only 4 of the 32 contracted providers are rated as Requires Improvement.

4.15 The 19 themes for residential care providers have been considered against existing training and development available locally and a programme of support is being developed. The table below identifies where training is already in place, and areas to explore further.

Theme / training need identified	Offer
Medication	Meds optimisation team may be able to support / L2 distance learning from Leicester College
Health & Safety	LCC Corporate Health & Safety Team
Nutrition / Eating & Drinking / dietary	Nestle (thickener training) and the worksheets / videos on the Providing Care Website (ICB to be approached for support from dieticians)
Inclusion and person-centred support	Covered in Care Planning Quality Cafe, and a Session on strength based planned at Quality Improvement Café
Infection Prevention and Control	Public Health IPC nurse to develop training resources and MST event
Assessment / care planning/ monitoring & review	Quality Improvement Café
Leadership	Various courses available locally and resources from Skills for Care

Staff training & Development	Leicestershire Social Care Development Group (LSCDG) access to leadership training and training for senior staff including input from Skills for Care Resources
Safeguarding / Incident & accident management / lessons learnt	Quality Café to be developed alongside the Train the Trainer offer from the Safeguarding Adults Board
Mental Capacity Assessments	Quality Improvement Café
Staffing levels / deployment	Management / leadership training & Skills for care resources
Moving & Handling	LSCDG Train the Trainer
Recruitment	Inspired to Care
Fire Safety	Leicester Fire and Rescue Service(LFRS) workers to be asked to develop and deliver a session on Microsoft teams
Pressure area care	LPT training team Community Matron and her team Providing Care Website
Diabetes	EDEN Cares training The Providing care website LPT Training team community nursing
Personal care / Dignity & Control	LSCDG online training being revamped and will be available in the Autumn
End of Life	LOROS training offer

4.16 CaAS and Partner agencies are proactively targeting providers to signpost them to available training and support that addresses the issues highlighted through the analysis. Where no formal training offer could be identified the quality cafés that have been developed are initially meeting the gap and have already delivered 2 workshops picking up themes not covered by a training offer currently.

4.17 Within the contracts team, a dedicated improvement team already exists which provides structured intensive support to failing providers. The team develop a bespoke programme of support, working intensively with providers embed improvements in practise in order to prevent complete provider failure, and support quality improvement. Based on the significant improvement experience within this team they have developed several face-to-face workshops which are being delivered through the quality improvement cafes. Workshops so far have focused on best practice and resources available to support providers to meet their duties under the Mental Capacity Act (MCA) and the best practice elements of care planning and review. The team is continuing to develop sessions to address some of the themes identified, specifically where other resources are not available locally.

4.18 While the providers who require improvement will be signposted to these offers of support it is important that providers who have not yet been inspected by CQC are also aware of the themes and specific issues and supported to take action to ensure that their systems and processes are effective and of the standard expected.

4.19 An online workshop to share the findings of this forensic analysis in detail is planned for early Autumn. This will be delivered by officers from CaAS and a recording of the session will be shared with all providers across the City, including the 1 home which does not currently have a contract with Leicester City

- 4.20 In addition, regular information sharing meetings are held where both high-level concerns and emerging risks are shared amongst professionals to ensure that all stakeholders are aware of any concerns and the actions in place to mitigate these.
- 4.21 Officers continue to work with providers on both a planned and reactive basis. Visits may be announced or unannounced and the decision as to whether to announce a visit will be based on a decision as to whether the outcome of the visit is likely to be impacted by giving the provider notice of a Council inspection.
- 4.22 As of July 2023, 16 providers have not been inspected by CQC since before 2020, in addition 2 recently opened homes have yet to be inspected. On this basis proactive work is underway with local nursing homes, and a number of providers who have yet to be inspected by CQC. All 18 providers have either been subject to the quality Assurance Framework (QAF) or responsive visits have been undertaken to assess the safety of people living in the service. This will help providers to further develop effective systems that evidence that the care and support they provide meets the needs of people supported and should stand them in good stead when CQC does inspect.
- 4.23 The quality assurance review that the contracts team conducts includes reviewing training of staff, and this will be used as a way of monitoring the response to the uptake of training that is being promoted through this review.

5. Financial, legal and other implications

5.1 Financial implications

There are no financial implications arising at this time.
Martin Judson, Head of Finance

5.2 Legal implications

There are limited legal implications arising from the recommendations of this report. Advice should be sought from Legal Services prior to triggering the termination provisions of a contract and /or the replacement of a provider. Legal advice should also be sought in the event that legal action is considered.

Kevin Carter, Head of Law

5.3 Climate Change and Carbon Reduction implications

There are no significant climate emergency implications directly associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

5.4 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

This means the council has a duty to consider the diverse needs of the individuals we serve, minimising disadvantage and ensuring the inclusion of under-represented groups. It must ensure that those organisations carrying out duties on its behalf also comply with this duty. Service providers must comply with equalities law and the commissioning authority must ensure providers are able to meet the requirements of the law.

Equality and diversity are essential components of health and social care. Good equality and diversity practices make sure that the services provided to people are fair and accessible to everyone. They ensure that people are treated as equals, that people get the dignity and respect they deserve. This is particularly important for adults in need who, because of a disability, illness, or their age, are unable to take adequate care of themselves and keep themselves from harm. The report highlights the work programmes across health and care that are supporting the care sector. The people using the services will be from across many protected characteristics, initiatives that are designed to improve the provision of care should lead to positive impacts. It is important that the routes available for people to raise concerns are accessible.

Equalities Officer, Surinder Singh Ext 37 4148

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

No other implications apply to this report