

Adult Social Care Scrutiny Commission

Contracts and Assurance Service Annual Quality Assurance Report

Date: 12th July 2016

Lead director: Steven Forbes



Useful information

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

- 1.1 To provide the Adult Social Care Scrutiny Commission with an update on the quality of care across the services provided by the independent sector organisations on behalf of the Council for a range of vulnerable adults for 2015.
- 1.2 A detailed annual report is included at Appendix 1, which sets out the approach to monitoring the quality of care and to ensure there is a range of good quality services, such as supported living, domiciliary care support and residential care.

2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission is asked to note the content of this report and to provide comment.

3. Background

- 3.1 The Care Act 2014, places a duty on the local authority to ensure there are good quality and financially sustainable services available to support a range of vulnerable adults who need care and support.
- 3.2 Although, services such as domiciliary care and residential care are regulated by the Care Quality Commission (CQC), the Adult Social Care department has developed a Quality Assurance Framework (QAF) which covers both regulated and non regulated services and provides a greater level of assurance relating to the quality of care in the city.
- 3.3 The QAF was developed in conjunction with the providers and is made up of a number of standards, which all providers were assessed against during 2015. The standards include:
 - Personalised Care, Treatment and Support,
 - Voice Choice and Control
 - Safeguarding and Safety
 - Staffing & Employment
 - Business Management

- Quality Management

3.4 Each provider was then rated as being either Excellent, Good, Compliant or non-compliant.

- **Excellent.** This means that the provider has shown that they are delivering high quality services to people and the provider is striving to be a leader in their field.
- **Good.** The provider can show that the services they offer are good.
- **Compliant.** The provider meets and is able to show us that they meet the minimum standard required.
- **Non-compliant.** The provider does not meet the minimum standards expected and that they have to make changes.

3.5 At the end of the first year of the QAF (2015), 88% of providers were rated as excellent, good or compliant with only 12% non-compliant. The Council has worked with those organisations that are rated as non compliant to ensure improvement plans are in place. Any organisations who are non compliant and are reluctant to improve are subject to sanctions, such as termination of their contract.

3.6 Key areas of improvement identified during the 2015 QAF, include Safety and Safeguarding (including Health & Safety), Quality Management and Voice, Choice and Control. Therefore, these areas will form the focus of the QAF process for 2016.

3.7 The annual Quality Assurance report 2015, also includes information relating to those organisations that hold a contract with the Council and their CQC rating (where applicable) and their QAF rating. The report also set out the key intentions for 2016 to raise the standards of care of quality across the sector.

3.8 In addition to the QAF the Council maintains market oversight of the sector in terms of undertaking financial checks to ensure the financial viability of providers. In particular, the Care Act (section 48) places an interim duty on the Council to manage a registered care provider business failure and service interruption, ensuring a continuity of care for service users. Undertaking financial checks of service providers gives some assurance of the financial sustainability of providers to maintain service delivery.

5. Financial, legal and other implications

5.1 Financial implications

There are no significant financial implications arising from this report.

Martin Judson, Head of Finance

5.2 Legal implications

Having read the contents of this report and noted that it is for information purposes I confirm that there are no direct legal implications arising from it at this stage.

Pretty Patel, Head of Law (Social Care and Safeguarding).

5.3 Climate Change and Carbon Reduction implications

In order to reduce carbon emissions from ASC provision in the city, the QAF used to monitor care provision should include an environmental standard to sit alongside those listed in 3.3. The Environment Team should be contacted to discuss this further.

Louise Buckley, Senior Environmental Consultant, 37 2293

5.4 Equalities Implications

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From a Human Rights perspective, addressing the expected treatment of individuals by the state, the importance of the quality of care cannot be underestimated. Human rights such as the right to life, freedom from inhuman or degrading treatment, and respect for private and family life are dependent upon a quality of care that respects the needs of people. The annual report in setting out how the council monitors and responds to the quality of care provided by commissioned providers, provides an indication of how human rights of service users are being addressed.

From an equalities perspective, the main consideration is in regard to the Public Sector Equality Duty aim of equality of opportunity and whether service users receive positive outcomes arising from their receipt of this care. The Quality Assurance Framework standards incorporate consideration of positive outcomes (the standards for personalised care; voice choice and control; safeguarding and safety) that reflect equality outcomes set out in the Equality and Human Rights Commission's equality measurement framework (health; standard of living; identity, expression and self-respect; and individual, family and social life). The consideration of these QAF standards provides an indication of whether equality outcomes of service users are being achieved.

Irene Kszyk, Corporate Equalities Lead, ext 374147.

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



Contracts and Assurance Service

Annual Report - 2015

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Introduction

The aim of adult social care is '*to ensure the safety and wellbeing of the most vulnerable people in our city*'. This means making sure that publically funded care and support is provided only when it is needed and making sure that it is cost effective.

Under the 2014 Care Act, the City Council has responsibilities to make sure that we have a range of good quality services that people can access for essential daily living services. Services like Supported Living, Domiciliary Care and Residential Care.

In 2015 Leicester City Council helped the following in statutory services;

- Approximately 1,150 people to live in residential care homes, over 1,000 in residential care and the rest in nursing care.
- Of these 1,150 people just fewer than 1,000 are older people and 232 are working age adults so under the age of 65.
- 2,000 people to remain living in their own homes by providing them with care and support through a domiciliary care provider, and
- Around 300 people to live independently in the community by maintaining their own tenancy and having care and support provided when absolutely necessary.
- Of those people we have supported over 2,500 have been older people, 320 are people with a learning disability and over 500 with mental health issues

People receiving services say that there are a number of things that are very important to them:

- ✓ That people are at the centre [of their care] rather than fitting them into services.
- ✓ That people who use services and their carers are treated as individuals.
- ✓ That Individuals have choice and control over the services that they receive.
- ✓ Listening to users of the services and acting upon what they say.
- ✓ A positive approach, which highlights what people using the services can do and might be able to do with appropriate support, not what they can't do.

[Commissioning for better outcomes – Clenton Farquharson MBE]

So to make sure that this happens the Council has worked with our Care Providers to develop a way of working to show that people are receiving high quality care¹. These standards form a Quality Assurance Framework (QAF) and all providers are assessed against these standards each year. The standards included in this QAF are:

- Personalised Care, Treatment and Support,
- Voice Choice and Control
- Safeguarding and Safety

¹ Labour manifesto 2015

- Staffing & Employment
- Business Management
- Quality Management

The City Council's Contracts and Assurance Service (CaAS) is responsible for contract managing and monitoring the quality of service delivered by the care providers and they will use the QAF to do this.

Overview of 2015

In 2015 we looked at how well people were being helped and formed an opinion as to how well providers were doing. Each provider was rated as being Excellent, Good, Compliant or non-compliant.

- **Excellent.** This means that the provider has shown that they are delivering high quality services to people and the provider is striving to be a leader in their field.
- **Good.** The provider can show that the services they offer are good.
- **Compliant.** The provider meets and is able to show us that they meet the minimum standard required.
- **Non-compliant.** The provider does not meet the minimum standards expected and that they have to make changes.

In 2015 each of our care providers received a minimum of two visits from the contracts team. On the first visit we told them that we would be coming but for the second we didn't tell them.

As well as the Council looking at these services the Care Quality Commission (CQC) also monitor, inspect and regulate these services. The CQC have a number of questions that ask, these are called key lines of enquiries (KLoEs).

- ✓ Are they safe?
- ✓ Are they effective?
- ✓ Are they caring?
- ✓ Are they responsive to people's needs?
- ✓ Are they well led?

Once they have inspected the service and based on their findings they then rate the services. Like the City Council's QAF there are 4 ratings;

- Outstanding
- Good
- Requires Improvement
- Inadequate

This way of inspecting these services is new and not all the Leicester services have been inspected yet. This has provided an opportunity for Leicester City Council to consider our approach to inspections – please see 'Looking Forward in 2016' for more information.

Key Information

The state of the market report on adult social care in England written by the Care Quality Commission 2014/15 says that 60% of all adult social care providers have been rated as 'Good' or 'Outstanding'. This means that of those assessed 40% are rated as inadequate or 'requires improvement'.

In Leicester of those regulated services assessed by the CQC there are no providers rated as 'outstanding', 56% have been rated as 'Good' with 44% requiring improvement. This was similar to the Councils experience when we first introduced the framework. However at the end of the first year of the QAF 88% of providers were rated as excellent, good or compliant with only 12% non-compliant following the teams support. We will continue to work with providers until they are compliant.

Themes

In 2015 we saw that providers performed less well in the areas of Safety and Safeguarding (including Health & Safety), Quality Management and Voice, Choice and Control. So this year we are going to look again at these specific areas with providers in order to raise standards.

Safety and Safeguarding

New guidelines were introduced in 2015 upon Safeguarding Adults (<http://www.llradultsafeguarding.co.uk>) and included important changes for providers, and the City Council such as the changes to the definition of what could be considered Safeguarding e.g. self-neglect. We've found that providers haven't always updated their own policies and procedures to reflect the changes and in particular weren't aware of the new requirements on incident reporting. An awareness of whistle-blowing outside of the employing provider has also been highlighted as an area of weakness. We will work with Providers to ensure that the changes to the policy are reflected in their own policies and procedures. It's important that providers understand their responsibilities and obligations to keep people safe.

We will also work with providers to ensure that they have robust systems in place to support people to manage their own finances, and protect them from financial abuse.

Health and Safety

Health and Safety Advisors have carried out audits at each contracted provider's premises to ensure that they are compliant with health and safety legislation. At the end of 2015 all providers were compliant with their responsibilities however there were a number of themes on initial assessment that identified a lack of knowledge and understanding.

These were in the following areas;

- Fire Safety Awareness
- Water Safety
- Control of substances that are Hazards to Health (COSHH).

As a result of these findings the Health and Safety Advisors have undertaken a number of awareness sessions with provider staff.

There have been;

- 8 Fire awareness sessions
- 4 water safety sessions
- 3 COSHH sessions
- 1 Building responsible officer sessions

In 2016 Health & Safety awareness sessions will focus on Infection Control and Food Hygiene.

Quality Management

A Compliance and Quality manager has recently been employed by the City Council. They will be undertaking research into the systems that providers have within their services to deliver good quality care. We have found that not all providers have these systems in place and so aren't checking how good or bad their services are. It's important that providers complete their own checks on the quality of care service users receive in their services.

Our Compliance and Quality manager will develop a good practice library that providers can use and provide advice if required.

Voice, Choice and Control.

Most of the people that we spoke to in residential care, supported living or receiving domiciliary care were very happy with the services that they receive, comments included:



When we undertake our monitoring process we try to speak with the Users of the Services and / or their relatives to hear their views about the service. Any concerns raised through this process, and are of an individual nature that has not been resolved by the Provider, are referred through to the appropriate social work team to be resolved.

However it wasn't always possible to speak to service users when we visited their home. Sometimes we hadn't prepared ourselves appropriately to accommodate the language and communication need of their service users. We must always have a plan in place to ensure that we communicate with service users about the quality of the service they receive.

Review of Performance

In 2015 we set ourselves an ambitious target to assess all of our care and support services using the QAF. We achieved

- 95% of Residential Care Homes
- 84% of Domiciliary Care
- 62% of Supported Living

There are a number of reasons why we didn't achieve these targets. We sometimes had to prioritise other work to ensure service users were safe in other services. At times, the provider did not provide us with information on time, or we had to undertake further work to ensure we had enough evidence to make a judgement.

At the end of 2015 the quality results for all of our Adult Social Care services were:

Grade	Percentage
A	2%
B	22%
C	64%
D	12%

All of the providers at level D (non-compliant) will have received an action plan to support them into compliance. It is a contractual requirement for all services to be compliant.

Looking forward in 2016

The Care Quality Commission (CQC) are changing their approach on the frequency of inspections; providers are now rated according to risk. If a provider is rated as 'Outstanding' the frequency of inspection will be every 3 years, those rated as Good will be inspected on an 18 month cycle, those requiring improvements on a 12 month cycle and those deemed inadequate with frequency as required. This is subject to review and where intelligence gathered suggests that providers are not meeting their current level, they may be scheduled for an earlier inspection.

Therefore, this provides an opportunity to align the QAF process to reflect a risk management approach. The CaAS receives information and intelligence from a number of sources on an ongoing basis that is used to inform decisions regarding the level of monitoring for regulated providers. The agreed level and rationale of monitoring is ratified with the use of a 'Decision Log' signed off by senior managers.

Providers, who have achieved basic compliance in year one and where intelligence suggests that there have been no concerns through the year, will have a minimum of 2 out of 6 standards reviewed in their next annual review.

Where in the course of a year there have been concerns raised about a provider, then a decision will be taken about the number of standards to be viewed. This could be between 3 and 6 standards. However if serious concerns are reported then an immediate responsive visit will be undertaken.

In addition to the revised monitoring undertaken by the Contracts and Assurance Service, a dedicated review team for older people and those with physical disabilities living in care homes will be created in 2016. This will be complemented by staff working in the specialist Learning Disabilities and Adult Mental Health teams where their clients are in care settings. The revised approach to reviewing an individual in care will see the allocation of a care setting to an individual worker (or small number of workers) so that they can develop a relationship with the care provider.

Rather than reviews being a once per year activity, the new approach will see staff working with providers more frequently as this is their sole focus. This will provide greater opportunity to spot problems at an early stage, to pull together intelligence from working with all of the residents, and to triangulate information with relatives and care staff as well as other professionals. Stronger links will be made between Care Management and the Contracts and Assurance Service.

This will include CaAS taking the lead on Multi -Agency Improvement Planning Process. This is where there are a number of serious safeguarding concerns within a particular service that requires improvements to be made within set timescales as there are identified risks to service user's safety and well-being. CaASs' role will be to coordinate the improvement plan and monitor the actions within the plan to ensure that the necessary improvements are made.

In 2016 we also want to work even closer with our providers to encourage them to involve users of their services in making decisions about how services are being provided. Some of our excellent providers include service users in the recruitment of staff, the planning of menus being served, and choosing the activities that they want to take part in.

We also want to improve the way that we speak to people who use our services to make sure that they are able to tell us in a way that suits them what they think of the service they receive. It's really important to the City Council that we involve the people who use our services when looking at the quality of service.

We will be developing a resource pack that helps us get the best out of service user consultation and engagement. We want to be able to demonstrate that our service

and those of our providers have a positive impact upon the lives of service users. In particular we will be looking at how we can report against the service user outcomes featured in the Adult Social Care Outcomes Framework.

Information Sharing

CaAS also host an Information Sharing Group that includes membership from Leicestershire and Rutland County Council, the Clinical Commissioning Groups, Healthwatch and CQC. The purpose of this group is to share their safeguarding concerns about services, discuss current activity and action and then agree those services to escalate to the Quality Surveillance group (QSG). The QSG is a wider East Midlands group made up of commissioners, regulators, local Healthwatch representatives and other bodies who meet on a regular basis to share information and intelligence about quality across the health and social care system. This will include the views of service users, patients and the public, with the aim of proactively spotting potential problems as early as possible.

Market Oversight

Following the Care Act 2014, CQC now have responsibility for financially assessing the larger care homes in our city to ensure that they have enough money to operate their service to a good standard. Should a provider be failing then CQC will notify the City Council so that they can put plans in place to ensure that the people living at the service continue to receive care and support.

Locally we will be checking all of our provider's finances to check that they have enough money to deliver services. We also monitor weekly the vacancies that care homes have, high vacancies could result in financial difficulties.

Key Intentions for 2016

The QAF process is designed to promote continuous improvement in provider services. Within each provider report, the Local Authority makes recommendations about activities that can be undertaken that will not only improve outcomes for individuals but also to raise the rating that the provider can achieve.

In 2016 we will work with the Providers to achieve the following;

	2015				2016			
	A	B	C	D	A	B	C	D
Care Homes	3	23	68	10	10	30	64	0
Supported Living	1	5	5	0	5	5	1	0
Domiciliary Care	0	1	9	6	1	5	10	0

All providers will be compliant in 2016; we will not have any providers at level D.

It should be noted that there is no contractual requirement to reach a B or an A just the desire to demonstrate that you provide an excellent service, the onus is on the provider.

We also intend to improve our performance in completing the QAF process, as we believe that anything over 13 weeks is an unacceptable timeframe. So we will be

reviewing completion times in 2016 with a target to tightening up the monitoring programme in 2016.

Keeping people safe

Leicester City Council is committed to conducting its business with honesty and integrity and expects all its staff, and organisations contracted to provide services on its behalf, to maintain high standards of conduct. However from time to time organisations face the risk of things going wrong and when this happens we all have a responsibility to take action if we think that people are at risk of harm or abuse.

If you or someone you know may be at risk of being harmed or abused then action needs to be taken. If you are able to raise your concerns directly with the organisation that provides services then you should do this however if you can't or don't feel comfortable in doing this then you can report your concerns in one of three ways;

- Contact Leicester City Councils Contact and Response Team by telephoning 0116 454 1004 or you can e-mail them at Spoc@leicester.gov.uk. Or
- Contact the NHS and Social Care by telephoning 08000 724 725. Or
- Contact the Care Quality Commission by telephoning 03000616161 or you can e-mail enquiries@cqc.org.uk.

Any contact that you make with the above organisations will be kept in the strictest of confidence and if you don't want to tell them who you are then that is ok. These organisation just need enough information to enable them to investigate your concerns.

Alternatively if you want to make a complaint or commendation to the Council about these services then please visit the councils website at www.leicester.gov.uk and type complaints in the search bar this will take you to the appropriate page and take you through the process.

Appendix A - Ratings

The QAF is broken down into 4 levels:

	Rating	Definition
Quality Assurance	Excellent – Level A	The provider is striving to be a leader in their field.
	Good – Level B	The provider can evidence consistent good practice.
	Compliant – Level C	The provider meets and is able to evidence the required minimum standard as detailed within the Core Contract but there is scope for improvement.
	Non-compliant – Level D	The provider does not meet and is unable to evidence the required minimum standard as detailed within the Core Contract.
Contract Compliance Concerns including health and safety auditing	Minor Concerns	The provider is not meeting minimum standards as detailed within the Core Contract. There is a need to improve but service users are not at direct or immediate risk.
	Moderate Concerns	The provider is not meeting minimum standards as detailed within the Core Contract. Service users are at direct risk; it may or may not be immediate.
	Major Concerns	The provider is not meeting minimum standards as detailed within the Core Contract. Service users are deemed to be at direct and immediate risk

All Services must achieve a minimum of Level C in order to be deemed to be contract compliant. In the event that a Level D is awarded a number of actions are available to CaAS, which in the extreme includes terminating the contract. Wherever possible and taking the risk to service users into account, CaAS seeks to work in partnership with Service Managers/Providers to develop actions plans detailing the improvements that they will make in priority order to ensure compliance. Where any major concerns are identified these are shared with CQC.

Appendix B – Provider QAF & CQC Status

Note:

There can be a number of reasons why the QAF grade may be different to the CQC grade. Firstly, It may be that CQC and CaAS have visited the service at different times, and seen either an improvement or deterioration in quality. Secondly, the judgements made by CaAS and CQC are based on evidence at a point in time, and differing samples of records viewed. This may lead to different judgements being made regarding a service.

Also of note those homes recorded as Not Commenced did not receive a QAF Monitoring assessment in 2015, this could be for a number of reasons such as a they are new provider who have passed their initial checks and will be assessed in the following year or they a Provider where there were known concerns that were working with outside of the QAF process.

Residential/Nursing Care Homes

Care Home Name	QAF Assessment Grade	Date of QAF Grade	Inspection Date (or registration date if not inspected)	CQC rating
A S Care	C	31/10/2014	23/11/2015	Requires Improvement
Aaron Court	C	02/06/2015	16/04/2016	Good
Abberdale House	B	07/09/2015	31/10/2013	Compliant
Abbey House (LCCL)	C	29/07/2015	02/02/2015	Not Inspected
Aberry House	C	06/07/2015	12/04/2016	Requires Improvement
Acorn Hill Nursing Home	Not Commenced	Not Commenced	14/09/2015	Requires Improvement
Agnes House	B	07/10/2015	27/07/2013	Compliant
Alston House	B	06/07/2015	31/10/2013	Compliant
Anita Jane's Lodge	D	08/03/2016	23/12/2015	Requires Improvement
Arbor House (LCCL)	C	17/01/2014	12/10/2015	Not Inspected

Ark Care Lodge	D	21/04/2015	06/04/2016	Requires Improvement
Ashleigh Nursing Home	C	02/07/2014	06/02/2015	Good
Ashton Lodge Residential Home	C	21/07/2015	20/07/2013	Non Compliant
Asra House	C	16/03/2016	02/07/2014	Compliant
Aylestone Grange	D	08/04/2016	23/09/2014	Not Inspected
Barclay Street	D	16/05/2016	14/04/2015	Good
Beaumont Hall	D	01/04/2016	25/09/2015	Requires Improvement
Bodnant House	Not Commenced	Not Commenced	18/05/2016	Good
Braunstone Firlands Nursing Home	C	26/08/2015	26/01/2016	Requires Improvement
Brookside Court	C	09/03/2015	19/10/2013	Compliant
Cana Gardens Residential Home	C	09/03/2015	16/10/2013	Compliant
Cherre Residential Care Home	C	19/04/2016	30/10/2013	Compliant
Cherre Villa	C	21/05/2014	15/02/2014	Compliant
Church View (Wycar Leys)	B	22/12/2014	28/07/2015	Good
Clarendon Beechlands Residential Care Home	B	29/10/2015	19/06/2013	Non Compliant
Clarendon Mews Residential Home	B	11/05/2015	29/06/2015	Good
Cooper House (LCCL)	C	27/07/2015	02/02/2015	Not Inspected
Coriander Road Care Home	C	15/07/2015	22/09/2015	Good
Diamond House Residential Care	C	13/03/2015	29/05/2015	Good
Diwali Nivas	B	18/12/2015	26/07/2014	Non Compliant
Eastfield Care Home	C	11/05/2015	28/04/2016	Requires Improvement
Elliot Residential Care Home	D	27/01/2016	19/01/2015	Good
Flora Lodge	C	13/10/2014	19/04/2016	Requires Improvement
Foxton Grange	C	25/03/2015	23/01/2015	Good
George Hythe House	B	13/11/2014	05/08/2015	Good

Geraint House	C	14/09/2015	11/06/2013	Compliant
Glenfield Woodlands Care Home	C	11/02/2015	12/01/2016	Good
Gokul Nivas	C	26/09/2014	20/05/2016	Requires Improvement
Goodwood Orchard Residential Care Home	C	19/02/2014	03/02/2016	Requires Improvement
Gratia Residential Home	C	09/06/2015	12/07/2013	Compliant
Grey Ferrers Nursing & Residential Home	B	12/09/2014	25/02/2016	Good
Groby Lodge	C	12/03/2014	13/06/2014	Non Compliant
Halifax Drive Care Home	B	24/06/2015	29/05/2015	Good
Hambleton House	C	27/08/2015	18/01/2016	Good
Hamilton House	D	21/10/2015	30/03/2016	Requires Improvement
Harley Grange Nursing Home	C	24/11/2014	23/04/2014	Compliant
Harley House Nursing & Residential Care Home	C	16/09/2014	21/09/2013	Compliant
Hartington Road Care Home	A	05/05/2015	21/01/2015	Not Inspected
Hayes Park Residential Home	C	15/07/2015	26/03/2015	Good
Heartwell House Residential Care Home	C	17/12/2014	23/02/2016	Requires Improvement
Heartwood grange	Not Commenced	Not Commenced	26/06/2014	Compliant
Heathcote (Aylestone)	B	26/08/2015	15/03/2016	Good
Hollywell Court	D	23/05/2014	24/03/2015	Good
Island Place Care Centre	C	30/09/2014	02/04/2014	Compliant
Ivor Lodge Care Home	B	08/12/2014	17/03/2016	Requires Improvement
JD Zencare (see Leacroft, name has changed)	C	08/07/2015	22/09/2015	Good
Knighton Manor Care Home	B	17/12/2015	26/05/2015	Good
Langdale View Nursing & Residential Home	C	07/06/2016	23/10/2014	Compliant
Lansdowne Residential Home	B	23/01/2015	29/10/2015	Good

Leaholme Residential Home	C	17/04/2014	18/08/2015	Requires Improvement
Lester Hall Apartments	B	12/12/2014	15/01/2015	Good
London Road Neurological & Specialist Care Unit 1 & 2	C	13/03/2014	19/03/2015	Good
Lotus Court	Not Commenced	Not Commenced	22/09/2015	Good
The Manor Care Homes	Not Commenced	Not Commenced	20/04/2016	Inadequate
Marston Court	C	07/05/2015	14/01/2015	Good
Mauricare Residential Home	C	20/08/2014	15/02/2016	Requires Improvement
Meadows Court	A	18/05/2015	16/02/2016	Good
Melbourne Home	C	08/12/2014	17/02/2016	Good
Mere Lodge	B	29/02/2016	06/08/2014	Compliant
Milligan Court	B	27/04/2016	15/07/2015	Good
New Wycliffe Home For The Blind	B	25/02/2016	19/01/2016	Good
Newton House Residential Home	A	12/04/2014	20/04/2015	Good
Orchard Manor View	Not Commenced	Not Commenced	07/09/2015	Not Inspected
Pendene House Residential Home	B	11/12/2014	12/01/2016	Requires Improvement
Pilgrim Homes - Evington Home	D	15/09/2015	15/05/2013	Requires Improvement
Pine View Care Home	C	14/05/2014	30/03/2015	Requires Improvement
Preston Lodge	C	31/12/2013	19/07/2014	Compliant
Queens Lodge	C	10/09/2015	15/09/2015	Good
Queens Park Care Home	C	27/08/2015	09/04/2016	Good
Rosywood House	C	22/07/2014	18/02/2016	Good
Royal Mencap Society Residential (Upperton Road)	Not Commenced	Not Commenced	28/09/2016	Requires Improvement
Rushey Mead Manor Care and Nursing Home	D	17/03/2016	02/02/2015	Good
Ryedale House	C	29/06/2015	27/06/2013	Compliant

Satya Nivas Residential Home	C	05/01/2015	02/12/2015	Good
Scraptoft Court Care Home	C	06/02/2015	15/02/2016	Requires Improvement
Silver Birches	C	09/02/2015	10/02/2016	Good
Simmins Crescent	Not Commenced	Not Commenced	21/08/2013	Compliant
South Lodge	B	09/07/2015	07/12/2013	Compliant
Spencefield Grange	B	22/12/2014	04/11/2015	Requires Improvement
St Bennetts Care Home	C	01/12/2014	26/10/2015	Good
St Georges Care Centre	C	18/08/2014	06/02/2015	Requires Improvement
Stonesby House (147)	C	20/06/2014	07/11/2013	Compliant
Stonesby House Ltd (107)	C	06/05/2015	27/01/2016	Good
Stonesby Lodge	D	14/12/2015	09/06/2016	Good
Stoneygate Ashlands	C	15/09/2014	13/02/2014	Compliant
Stoneygate Oaklands	C	06/01/2015	25/12/2013	Non Compliant
Stoneygate Road Care Home	C	28/10/2014	23/08/2013	Compliant
Sycamore Court	C	09/07/2015	12/05/2016	Good
The Chantry	D	21/03/2016	12/06/2014	Not Inspected
The Manor Residential and Nursing Care Home	D	13/11/2015	20/04/2016	Inadequate
Thurnourt	D	15/01/2014	12/10/2015	Not Inspected
Toller Road	B	29/04/2016	20/07/2015	Good
Upperton Road Care Home (Mencap)	B	24/02/2016	28/09/2015	Requires Improvement
Venetia House	C	05/05/2015	17/09/2013	Compliant
Vishram Ghar	C	21/01/2016	01/12/2015	Requires Improvement
Vrandavan	C	15/04/2015	28/08/2013	Compliant
Welford court	C	12/05/2015	22/01/2015	Requires Improvement
Westcotes Rest Home	B	12/06/2014	26/06/2015	Requires Improvement
Western Park View	C	19/12/2014	23/11/2015	Requires Improvement

Willowbrook	B	22/01/2015	19/05/2015	Good
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Domiciliary Care	QAF Assessment Grade	Date of QAF Grade	CQC rating	CQC investigation date (or registration date if not yet inspected)
Always There Homecare Ltd	C	06/10/2014	Good	15/01/16
Amicare Domiciliary Care Services	C	13/03/2014	Good	09/06/15
Care UK Homecare Ltd	D	10/02/2015	Not been inspected	25/07/2014
Care UK Homecare Ltd - Danbury Gardens	D	26/02/2015	Good	26/02/ 2016
Carewatch Leicester (City & County Care Services T/A CareWatch Leicester)	C	19/02/2014	Not been inspected	19/02/2016
Choices Care Ltd	C	23/09/2015	Not inspected	20/02/2014
Creative Support Ltd	C	22/07/2015	New address not been inspected	12/11/2014
Direct Health (UK) Limited	D	05/01/2015	Good	19/02/16
Domiciliary Care Services (UK) Limited	D	14/12/2015	Requires improvement	04/01/16
Help at Home	D	08/09/2015	New address not been inspected	26/11/2013
Housing & Care 21	C	07/07/2014	Not inspected	28/10/2013
LHA Asra Housing Association t/a Compass Care	D	03/08/2015	Good	08/02/16
Mears Care LTD	C	04/06/2015	Good	04/04/16
Private Home	B	04/06/2015	No rating	23/08/14

Care UK LTD				
Sevacare UK Ltd	C	23/06/2015	Requires Improvement	05/01/15
Universal Care Services (UK) Limited	C	03/04/2015	Requires Improvement	02/11/15
Westminster Homecare Limited	D	10/03/2016	Not inspected	15/01/2014
Hales Group Ltd	Not commenced	Not commenced	Not inspected	14/02/2014

Supported Living providers have not yet been inspected by the CQC using the new inspection framework so the ratings are not available.

Independent Living / Supported Living	QAF Assessment Grade	Date of QAF Grade	Registration Date
Accredo Support & Development Ltd	C	25/02/2016	18/10/2013
Advance Housing & Support Ltd	B	17/03/2016	01/08/2014
Affinity Trust	B	21/01/2016	24/01/2014
CareTech Community Services Limited	C	15/12/2015	02/12/2013
City County Care Services Ltd trading as Carewatch Leicester	C	04/02/2016	04/03/2014
Community Integrated Care	C	03/03/2016	12/06/2014
Creative Support Ltd	B	17/03/2016	03/01/2013
Dimensions UK Ltd	A	21/04/2015	03/10/2013
Future Home Care Ltd	B	25/02/2015	04/10/2013
Lifeways Community Care Ltd	C	21/09/2015	07/01/2014
MacIntyre Care	C	25/02/2016	11/09/2013
Mosaic Shaping Disability Services	Not commenced	Not commenced	14/05/2016*
Prime Life Limited (Ashland Mews)	C	11/01/2016	22/11/2013

*This Provider is registered with the CQC for supported living services and domiciliary care services and the date refers to the date of their last inspection.