



## Committee report

Committee	<b>POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE</b>
Date	<b>15 JULY 2019</b>
Title	<b>ASSURING FOR QUALITY – WHAT IS HAPPENING ACROSS ADULT SOCIAL CARE’S INTERNAL CARE PROVISION</b>
Report of	Director of Adult Social Care

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### SUMMARY

The chairman has requested that the committee should be updated on recent issues relating to inspections by the Care Quality Commission of Council operated homes.

### BACKGROUND

#### Our learning disability provision

- 5 Residential Care homes
- Supporting 30 people (4 voids)
- Through 95 staff
- With a budget of £2.6M
- Also a respite service at Westminster House (costing £408k).

#### CQC ratings and inspections

- Venner Avenue inspected April 2018 - Rated Good overall and good across all 5 Key Lines of Enquiry (KLOE)
- Plene Dean inspected May 2018 - Rated Good overall and good across all 5 KLOE
- Saxonbury inspected December 2018 - Rated Good overall and good across all 5 KLOE

#### Carter Avenue

- Inspected April 2018. Rated Requires Improvement (RI) overall and across all 5 KLOE. Serious concerns identified by managers prior to inspection indicated inadequate rating potential - Urgent steps taken to avoid this.
- Inspected April 2019. Draft report overall RI awaiting publication, Good rating in responsive, Requires improvement across remaining 4 KLOE.

#### Main issues requiring improvement

- Performance of staff
- Inconsistencies in recording

- Medication fridge temperatures not monitored and two bottles of bath oil not labelled when opened
- Legionella and Infection control certificates not in place
- Landlord performance :sink in laundry room access to garden
- Audits not picking up all of the above

#### Good at Carter Avenue

- Responsiveness of Registered Manager
- MCA and best interest
- People who lived there are getting out and about
- Good support plans
- Positive feedback from relatives
- Accessible information and support plans

#### Westminster House

Inspection took place w/beg 3 June 2019 and we are awaiting draft report. We expect a solid "good" as verbal feedback from inspector was very positive with no concerns raised.

Last inspected October 2016 - rated Good overall and Requires Improvement for well led

#### Other changes

- Laurels closed April 2019
- Seagull and Venner changing to supported living early July 2019
- CQC visiting to ratify this change on 20 June 2019
- Services will transfer to Accomplish
- This change will provide people with more security, independence and rights.

#### Seagulls and Laurels

- CQC have not inspected these as considered low risk prior to changes
- Both would have been rated Good Seagull has some outstanding features

#### Internal Reablement Services

Adelaide and Gouldings residential - £2.5M

- Supported through 2 Registered Managers
- 12 Assistant Managers (not all FTE)
- 86 Care & Support staff

Outreach services - £2M

- Supported through 1 Registered Manager
- 3.5 FTE Assistant Managers
- 13 Reablement Leads
- 86 Care & Support staff

#### The Gouldings

Overall rating:	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement

Is the service caring? Good  
Is the service responsive? Good  
Is the service well-led? Requires Improvement

#### Positive feedback

- People who used the service and their families were very satisfied with the quality of care and the support they received.
- The report quoted one relative as saying: "The care has been incredible".
- Staff spoke fondly about the people they supported and said they loved their job and found it rewarding to care for people.
- One staff member said: "When you see people being able to do things they couldn't and you know you have been part of that, it's such a good feeling".
- People's needs were met in a personalised way by staff who were kind and caring.
- People felt listened to and knew how to raise concerns. They, and healthcare professionals told us they would recommend the service to others.
- Staff respected people's privacy and protected their dignity.

#### In the Community Outreach Service:

- Inspectors found no shortcomings in the part of the service that supports people in their own homes.
- One person who said: "I am really satisfied and happy with the service. They have become friends and it breaks the day up so I have someone to talk to".

#### Breaches in regulations

##### Safe Care & Treatment

- A lack of robust risk assessments for people using the service and the property
- Not able to evidence suitable hydration of some people staying at the service
- The services infection control audit was not up to date
- Staff records were not compliant, some were incomplete and had employment gaps
- There were gaps in staff core training in medication, infection control, first aid and food hygiene
- Staff in the home had not received supervision with some staff being out of date by a year
- Medication processes were not robust causing errors that we not rectified

##### Staffing

- In addition to gaps in files, training & supervision, Staff competency was not assessed in relation to medication

#### Actions to date

- New Interim Managers
- External compliance consultant in place
- A detailed Recovery Plan submitted to CQC
- Revised care / goal plan documentation
- CCG Medicines Audit undertaken and actions followed up on
- Workshops with staff on person centred risk assessments and understanding regulations
- A bespoke training plan immediately actioned through Learning and Development on all core areas in deficit

- A revision of medication practice and documentation with support from CCG Medicines Optimisation Team
- A full schedule of staff supervisions in place and the adoption the new People Performance Management approach
- Introduction of staff competencies and a full training needs analysis
- An audit of staff records and deficits addressed
- An infection control audit with and annual infection control statement
- A series of themed audits (with our external consultant) in July 2019 to check progress

#### The Adelaide

- Mock inspection by external consultant (former CQC inspector)
- Medication practices unsafe and safeguarding alert made as result
- Care documentation not sufficient
- Lack of staff supervision
- Gaps in staff records
- Staff core training incomplete

#### Summary of key themes and deficits

- Care/goal plan documentation
- Medication practice and procedures
- Staff not having adequate supervision
- Staff not trained in core areas of their role
- Gaps in staff records
- Risk assessments not in place and not personal
- ALL HAVE BEEN or ARE BEING RECTIFIED

#### BACKGROUND PAPERS

CQC inspection reports - <https://www.cqc.org.uk/provider/1-101646085>

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