

SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND COMMUNITY SAFETY

MINUTES of a meeting of the Scrutiny Committee for Adult Social Care and Community Safety held at County Hall, Lewes on 27 October 2011

PRESENT: Councillor Pragnell (Chairman)
Councillors Barnes, Healy, Ost, Scott and Taylor
Janet Colvert, LINK representative

Chief Officer: Keith Hinkley, Director of Adult Social Care

Scrutiny Lead Officer: Claire Lee, Scrutiny Lead Officer

ALSO PRESENT Mark Stainton, Assistant Director (Operations)
Shane Heber, Head of Directly Provided Services
Sue Reilly, Practice Manager
Marilyn Hansford, Compliance Manager, CQC
Michele Etherton, Compliance Inspector, CQC

27. MINUTES OF LAST MEETING

27.1 RESOLVED to confirm as a correct record the minutes of the last Scrutiny Committee meeting held on 8 September 2011.

28. APOLOGIES

28.1 Apologies for absence were received from Councillor Mrs Tidy and Dr Laurie Bush.

29. DECLARATIONS OF INTEREST

29.1 Councillor Taylor declared a personal interest as the owner of a residential care home which is subject to Care Quality Commission regulation. He did not consider this interest to be prejudicial.

30. REPORTS

30.1 Copies of the reports referred to below are included in the minute book.

31. CARE QUALITY COMMISSION INSPECTION OF MOUNT DENYS

31.1 The Committee considered a report by the Director of Adult Social Care outlining the outcomes of the recent Care Quality Commission (CQC) inspection and the actions taken to resolve the identified issues.

31.2 Marilyn Hansford, Compliance Manager at CQC, gave an overview of the inspection process and findings as outlined in the CQC report (appendix 3 to the Director's report). She made the following key points during her presentation:

- CQC had undertaken a responsive review of Mount Denys (as opposed to a planned review) in response to the level of risk identified. This had been informed

by safeguarding concerns received during May and June and a low level of statutory notifications and corresponding safeguarding alerts being reported by Mount Denys compared to what would be expected from a home with its type of complex caseload.

- CQC found breaches in all 13 outcomes inspected, ranging from moderate (3 Regulations) to major concerns (10 Regulations).
- When CQC identify breaches by providers they can take a range of action including:
 - Issuing warning notices – these require immediate action to be taken to address significant current risks, but do not address long-term sustainability by design.
 - Issuing compliance notices – these require providers to take sustainable action which can be implemented over a longer time period to allow the provider reasonable time to make the changes needed.
 - Closure of a facility, in cases where very major concerns are identified. This had been considered in the case of Mount Denys but had not been pursued as CQC had confidence that the County Council would take the action required promptly.
 - Taking action against providers through the courts either through the criminal or civil route depending on the particular situation being addressed – this had not been considered in this case.
- CQC had issued warning notices on four of the 13 outcomes inspected due to the immediacy of the risks to service users. One of these related to concerns about the Council's ability to identify breaches in compliance through the existing governance framework.
- A further visit was undertaken to assess action taken in response to the warning notices. This resulted in the warning notices being lifted as appropriate action had been taken. The warning notices were replaced with compliance actions as further action was needed to ensure sustainability and to achieve full compliance.
- One key issue identified was a lack of consistent incident reporting to CQC and the local Safeguarding Vulnerable Adults team, despite incidents being meticulously recorded within the home. A relatively high level of incidents would be expected at Mount Denys due to its challenging caseload, but these should have been reported upwards. There appeared to be a culture within the home of acceptance of the level of resident on resident and resident on staff violence. There was no evidence of any staff on resident violent incidents.
- A further key area of concern was the home's ability to meet the mental health needs of service users and a lack of access to the appropriate multi-disciplinary specialist team.
- CQC recently undertook an inspection of another Adult Social Care directly provided service, Milton Grange, to check that the issues identified at Mount Denys were not more widespread. This inspection, though there were some concerns and breaches identified, had given assurance to CQC that Mount Denys was an isolated case in terms of the severity of risk to service users.
- CQC had been very encouraged by the level of progress made by Mount Denys since the August inspection and anticipated that Mount Denys would be able to reach, and exceed, the standards required to achieve compliance in the future.

31.3 Ms Hansford and the Director of Adult Social Care made the following points in response to questions from the Committee about the findings of the inspection:

- The significant number of long-serving staff at Mount Denys brings both benefits and challenges. The residents at the home will welcome the consistency of care and commitment of the staff. However, the lack of staff turnover may have reinforced the historic culture within the home and meant that staff had found it harder to adapt to new procedures and requirements.

- Although agency staff had been used at the Mount Denys, they had been drawn from a relatively small pool and had often worked regularly at the home. They may have therefore become familiar with the culture of the home, rather than bringing a fresh perspective.
- The use of agency staff is appropriate where necessary to ensure staffing is at the required level. However, agency staff will be particularly reliant on care plans for information about people's needs and preferences. The below standard care plans at Mount Denys could result in poor care being given to residents.
- The staff at Mount Denys demonstrated a high level of commitment to the home which should be applauded, but they were not equipped to provide the level of specialist care required for the complex and challenging needs of the residents.
- Staff had been taken aback by the outcome of the inspection. This may have been due to a good assessment being received in 2009 (under a previous regime) and regular positive feedback being received from carers, families and other staff outside the unit who value Mount Denys's willingness to take on challenging residents whose previous placements may have broken down due to behavioural issues.
- The level of training received by staff was well below that required for the cohort of residents at Mount Denys in terms of the management of complex mental health needs and challenging behaviours.
- CQC had found staff to be open with them and had been given full access to any records and paperwork required both at the home and within Adult Social Care.
- The triggers for reporting incidents to CQC and the Safeguarding team are clear and it is part of a provider's duties to ensure adequately trained staff. However, it appears that there had been a failure in the consistency of judgements made about when and how often to report incidents upwards, together with a lack of external monitoring which would have picked up the discrepancy.
- Staff had received general training in restraint techniques, but a specific approach to managing the behaviour of each resident is needed in the context of individualised care plans, risk assessment and application of the deprivation of liberty safeguards. Details of actions taken to prevent incidents or action taken after incidents had not been adequately recorded.

31.4 The Head of Directly Provided Services outlined some of the main actions taken in response to the inspection findings which included the following:

- In relation to outcome 4 – personalised care – the registered manager now undertakes a detailed assessment before admission, reviews previous care records and considers how the individual's circumstances will affect the other residents in the home.
- In relation to outcome 7 – management of behaviours/incidents – all incidents are now being reported upwards and staff are receiving intensive training in managing behaviours and person-centred care. Violent incidents have reduced dramatically due to the new approaches, such as distraction techniques, and the extra staffing which has been put in place which has provided capacity to enable a more proactive, preventative approach. Incidents are monitored daily by the home manager and Practice Manager and weekly by the Assistant Director and new Compliance Manager.
- In relation to outcome 13 – continuing education and improvement – additional bespoke training is being delivered to the staff which reflects the unique circumstances at Mount Denys. Newly employed staff will receive an induction programme tailored to Mount Denys.
- In relation to outcome 13 – staffing – the 13 additional staff being recruited includes an administration officer to assist with reporting requirements and analysis of trends. It is also being made very clear that agency staff working at Mount Denys require experience working with challenging behaviour.

- In relation to outcome 16 – governance and assurance – the internal quality assurance system had been strengthened and now includes four tiers of monitoring, feedback questionnaires to service users and families/carers and a team of independent reviewers who visit services. Quarterly reports are made to the Departmental Management Team regarding any compliance issues and how these are being addressed.

31.5 In relation to the governance and quality assurance issues, the Director of Adult Social Care added that the internal Quality Monitoring Team, which had previously focused on independent and voluntary sector providers, would now also monitor directly provided services. This would promote a level playing field approach based on the outcomes framework for Adult Social Care. He also clarified that the quality assurance framework would be applied to both regulated and non-regulated services.

31.6 The following points were made in response to questions from the Committee about the actions taken by the department:

- The weakness of the previous governance system had been in the narrow range of information it relied upon. The system had been strengthened by drawing on three different sources of data: the provider quality assurance system; information from the Quality Monitoring Team and CQC; and user/carer feedback. These sources can be triangulated to provide management with a more comprehensive profile of risk on a quarterly basis. The system will need to continue to develop as further learning emerges, for example on the effective management of safeguarding issues.
- Achieving a cultural shift towards more reflective practice would take time, but was being developed through the regular meetings of all directly provided services managers. The focus was on mentoring and encouraging staff to develop their practice in a changing environment.
- The action plan developed in response to the inspection had ownership from staff at Mount Denys who are enthusiastic about the new approaches being implemented. It is updated weekly. CQC regard the action plan as strong and welcome the fact that Mount Denys is now developing best practice which could be shared with other homes. The key challenge would be ensuring actions are sustainable.
- CQC would continue to monitor progress and exert pressure until Mount Denys demonstrates sustainable compliance. This will include undertaking further visits and receiving monthly updates against the action plan.

31.7 The following points were made in response to questions from the Committee about the wider implications of the inspection findings:

- It is recognised in the local dementia strategy and through needs assessment that the incidence of dementia will increase in East Sussex as the population ages. This would include increases in the sub-set of people with dementia and challenging needs.
- The County Council has already taken a decision to close Mount Denys when suitable alternative provision is in place. This may be achieved through the ongoing AgeWell programme.
- There is a need to consider the future model of care which would be most suitable for the cohort of people with dementia and challenging needs. There are issues regarding the optimum size of units, capacity within the independent sector for this type of need and the level of resources required to care appropriately for this group, all of which require further consideration.

31.8 Following the discussion the Committee reached the following conclusions:

- The CQC inspection had identified significant issues with the quality of care received by residents and the department's quality assurance systems from which lessons must be learnt.
- There had been a good and immediate response to the CQC findings which had yielded significant improvements in a short period of time. However, there remain longer term challenges in achieving sustainable change and embedding a cultural shift. Long term effective leadership will be required at Mount Denys, particularly when the current intensity of senior management attention reduces.
- Staff engagement in the development of the action plan and CQC's assurance regarding its robustness are to be welcomed.
- The measures taken to strengthen governance systems are essential and welcome. The inspection had highlighted the need for effective analysis of data so that divergence from expected patterns can be quickly identified and investigated.
- Within directly provided services there is a need to ensure appropriate staff development and opportunities for staff to reflect on their practice.
- There is a need to consider how the anticipated future increase in the cohort of people with dementia and challenging needs will be managed, particularly given the lack of capacity within the independent sector.

31.9 RESOLVED to:

(1) establish a scrutiny review board comprising Councillors Barnes, Ost and Pragnell to consider future models of care for people with dementia and challenging needs.

(2) request a further report on progress against the action plans for both Mount Denys and Milton Grange in March 2012.

(3) request a further report on staff development and training in directly provided services in March 2012.

(4) request that the Committee be informed of all future CQC reports on directly provided services.

(5) consider the impact of the additional resources which have been required at Mount Denys on the wider directly provided services budget through the Reconciling Policy, Performance and Resources (RPPR) process.