

# **HEALTH & WELL-BEING SCRUTINY COMMITTEE**

## **CARE STANDARDS LINKED TO STAFFING WITHIN CARE HOMES**

### **REPORT OF THE EXECUTIVE DIRECTOR OF HEALTH, HOUSING AND ADULT SERVICES**

**19 July 2011**

#### **1. Purpose of Report**

- 1.1 At the Health and Wellbeing Committee's request, this report provides information on care standards linked to staffing in care homes. The report is based on Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) 2009 and CQC outcomes 12, 13 and 14 of the Essential Standards of Quality and Safety, which relates to staffing.

#### **2. Background**

- 2.1 Within Health, Housing and Adult Services, the Social Care Governance team have a role in monitoring the quality of services providing guidance, advice and support in respect of service improvement to providers and reporting back the results of monitoring to inform other councils activities including Commissioning and Safeguarding Vulnerable Adults.
- 2.2 A number of assessment tools have been developed to assess the quality of services in a number of practice areas. The tools used are informed by published best practice available and during visits this information is shared with managers of services. One area of practice looked at during monitoring is staff induction, training and supervision.
- 2.3 The SCG team have a planned programme of activity that includes all commissioned services and information from that activity is summarised within this report.
- 2.4 The report focuses on both care homes for older people and people with learning disabilities.

#### **3. Care Homes for Older People**

- 3.1 During 2009 and 2010 work was undertaken to assess the performance of all Older Person services (54 Homes operated by 25 providers) against the Sunderland Standards of Care. Homes were given a rating in accordance with their assessed performance and received fee levels according to their rating (Gold, Silver, Bronze and Standard).
- 3.2 There are 164 different lines of enquiry, which make up the requirements of the Sunderland Quality Standards. There are 25 lines of enquiry that looked at elements of staffing.

- 3.3 In relation to **Induction for Staff**, information gathered in 2009 identified that induction and the use of the Common Induction Standards required further development by across providers.
- 3.4 Whilst 23 out of 25 providers are using the Common Induction Standards appropriately to support staff, only 43% of homes were considered to have an induction programme that was person centred and included training about privacy, dignity and respect.
- 3.5 The Tyne and Wear Care Alliance (TWCA) have made available resources to support providers to meet the requirements of the Common Induction Standards; including training, advice, access to support, workshops.
- 3.6 There is a requirement that staff receive 6 **supervisions** per year. In 2009, only 28% of Homes were achieving this. With support from Social Care Governance and TWCA, the assessments linked to the Quality Standards demonstrated an improvement, with 44% of Homes now compliant. Focussed improvement activity is planned, in order to further improve this requirement.
- 3.7 Following the outcome of the first Quality Assessment Visit's there has been improvement in some of the lines of enquiry related to **safeguarding standards**. It was clear that homes which had taken on board advice and information made available via the Social Care Governance Team and via a workshop facilitated by the Safeguarding Adults Team could evidence that they had achieved an appropriate standard during the 2010 Quality Assessment Visit.
- 3.8 Many Homes now incorporate Safeguarding Adults into their induction programmes; with 60% of Homes linking safeguarding procedures to ongoing training for staff within homes. Staff being aware of what constituted a safeguarding alert and the reporting procedures has improved with 41% in 2009 and 52% in 2010.
- 3.9 Services are required to be able to demonstrate that they have identified **training** that is specific to meet the needs of people living in the home and have developed a training and development programme based on that information.
- 3.10 Demonstrating that homes have training and development plans for staff is a requirement, and despite evidence that training had take place, very few homes could provide evidence of how they had identified training that was specific to the needs of people living in homes. This is another area for improvement activity within 11/12.
- 3.11 TWCA have secured funding for 11/12 to progress **dementia training** in care homes and are seeking to train Dementia Champions to work in each service to lead quality improvement in the care of people with dementia type symptoms, as required by Sunderland's response to the National Dementia Strategy. This is an area that has improved over last year, with 42% of Homes already providing basic level training in dementia to all staff.

- 3.12 There have been real improvements in relation to **medication training**. 92% of homes have an appropriate medication policy. The real improvements between the first year and 2010 are noted in respect of training, with increased numbers of Homes ensuring staff are training in all levels of medication. Importantly, 42% of homes have now introduced an assessment of competence to administer medication
- 3.13 77% of Homes have a ratio in excess of 75% of care staff who have been trained or are in the process of being trained to NVQ level 2 or equivalent.

#### **4. Homes for People with Learning Disabilities**

- 4.1 A programme of monitoring 25 commissioned registered homes took place during the months of February, March and April 2011. Whilst the Quality Standards for Care Homes relate specifically to homes for older people and their fee levels, the monitoring visits to homes for people with learning disabilities covers many of the same areas.
- 4.2 Information identified that **induction** and the use of the Common Induction Standards is well established in services for people with learning disabilities. 23 of the 25 homes demonstrated the use of the Common Induction Standards and in 18 homes safeguarding training was included in induction.
- 4.3 A high proportion of Homes were able to demonstrate that **safeguarding training** had been received by staff; however only 14 Homes could demonstrate that the manager had received responsible persons training. Guidance was given to managers of services and Areas for Action notices left with the service, which will be followed up within a given timeframe.
- 4.4 Supervision processes are in place and used appropriately in 14 homes, demonstrating that a minimum of 6 supervisions per year take place.
- 4.5 Information was collected about the range of training provided over and above that mandatory training required, often specific to the needs of the individuals within the Homes. The following provides an example of training expected and % of homes delivering these training:

##### **Training**

Risk Assessment 68%  
Person Centred Planning 64%  
Restrictive Physical Interventions 72%  
Understanding Valued Roles 80%  
Equality and Diversity 68%  
Human Rights Law 72%  
Mental Capacity 84%

- 4.6 During the monitoring visits, advice was offered to managers regarding CQC outcome 14 that relates to **supporting workers**. In particular advice was offered that individual services develop training and

development plans that are based upon the needs of people living in the home and demonstrates what training is being provided with timescales for completion of training.

## **5. Summary**

- 5.1 Following the Quality Assessment Visits and quality rating process all care homes for older people were supplied with information regarding their performance, detailing their areas of good practice and areas of service improvement for each home. The picture in the care homes is one of increasing performance, particularly in relation to staff training and supervision.
- 5.2 Care homes for people with learning disabilities continue to perform highly against expectations, particularly in relation to use of common induction standards and safeguarding adults training.
- 5.3 The information gathered through the quality assessment process and the monitoring visits is used by the Social Care Governance Team to inform future monitoring programmes. Specific actions identified at an individual service level are subject to review and further monitoring. These individual actions are also analysed to see if themes are emerging, in order that focussed improvement activities should be planned for groups of homes/services.
- 5.4 Above all, the improvement activity following monitoring visits ensures that the Council continues to strive for high quality services in Sunderland.

## **6 Recommendation**

- 6.1 Members are requested to receive this report as requested

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