DERBYSHIRE COUNTY COUNCIL

Improvement and Scrutiny Committee - People

2 September 2020

Report of the Executive Director Adult Social Care and Health

1. Purpose of the Report

To update the Improvement and Scrutiny Committee – People regarding progress of work outlined within the report submitted to the Committee on 12th February 2020. The report submitted earlier this year detailed the Local Government's findings following an investigation into the death of Mrs C at the Grange Care Home in Eckington.

2. Background

The LGO found fault, causing injustice in the following areas:

- Failure to carry out an adequate pre-admission assessment.
- Failure to complete a falls risk assessment.
- Failure to consistently or adequately record falls.
- Failure to keep family members informed of the extent of the pattern of falls.
- Failure to complete an adequate nutritional assessment.
- Failure to meet nutrition and hydration needs in line with the CQC's fundamental standards.
- Flaws in the way records were kept.
- Failure to complete mandatory falls risk assessments.
- Failure to consider referral to Derbyshire's safeguarding Adults Board.

Despite identifying these failings the LGO acknowledged that the work undertaken by the Council since late 2016 demonstrated that it had learnt appropriate lessons around the management of care for individual service users and could demonstrate satisfactory reviews by the Care Quality Commission and Healthwatch.
The Council accepted the LGO's recommendations in full and has responded to all of the requirements laid down in relation to making a full and unreserved apology to the family, making a payment of £1,000 to a registered charity of the families choice and to pay for a memorial. The council also refunded Mrs C's estate with all fees paid to the care home.

In accordance with the recommendations of the LGO, the Council undertook a further review of Mrs C's death with a specific focus on the key areas of concern identified in the report. As a result of this review a Quality Improvement Board was established. The Board, chaired by the Assistant Director, involves Group Mangers

(Heads of Service) across the department in order to ensure that the quality and improvement of the Council's directly provided services is the responsibility of the whole directorate and not just Direct Care.

The work of the board was split in to six critical work streams which were identified in response to the LGO's findings; Safe Services, Quality Recording, Quality Monitoring and Improvement, Quality Workforce, Communications and Quality Policies and Procedures. Each workstream has a set focus and purpose and key actions to address the learning points. These key actions are delivered through specific, measurable, achievable and time specific tasks documented in a detailed workstream action plan.

Within this document we have reported on progress against the key actions. It is important to note that whilst a key action may have been achieved as originally set out, these detailed workstream action plans are working documents that continue to support the ongoing work. The action plans continue to adapt, completing tasks and adopting new ones to ensure that there is a continuous improvement cycle.

This report will set out the progress made against the six critical work steams detailed above.

1. Safe Services

The focus and purpose of this workstream is to ensure that individuals in our care are free from abuse and that any harm or potential harm is understood, investigated and responded to in accordance with legal and regulatory requirements.

This workstream seeks to address all of the learning points identified within the LGO report and ensure that all of our Directly Provided Services are delivering to both CQC statutory requirements, council policy and procedure and that our managers are aware of, and delivering to their responsibilities.

Within this workstream there are five key actions as follows:

- Review of safeguarding arrangements in relation to residential establishments.
- Establish a system for recording and reporting and investigating all incidents that cause harm or potential harm to clients that may or may not meet the safeguarding thresholds
- Ensure that themes and trends in relation to incidents are visible to identify immediate areas of concern
- Clarify roles and responsibilities in relation to investigating incidents including the individual and their families.
- Review our approach to learning reviews and serious incidents to ensure these provide independent oversight and clear recommendations that ensure improvement.

This workstream has seen significant progress, achieving four of the five Key Actions:

In February we had reported that the review of safeguarding arrangements had already been completed and updated the committee regarding the progress towards achieving a system of recording that would contribute to being able to identify themes and trends.

The new incident report form described in the previous report as being in the formative stages has now 'gone live' and forms an important part of the Council's quality assurance processes. This form is completed whenever there is an incident of harm or potential harm. The requirement to complete this form provides our homes with a clear and consistent way of recording all incidents, including a clear way to evidence the action taken following incidents. An important benefit of this form is that it allows the Council to have oversight of the incidents across its services and allows for the identification of themes and trends and for swift action to be taken where necessary. The information that can be pulled from this 'intelligent' form also enables each manager within the home to understand and react to any themes and trends.

In February 2020, Adult Care reported that data from this form would feed in to its 'dashboard'. This work has now been done and monthly reports are being submitted to officers responsible for taking any action required. There is further information below about the progress made with respect to the dashboard.

In relation to the outstanding action within this workstream which is to review our approach to learning reviews and serious incidents, we are currently in the process of revising the current policy and arrangements. This work is being led by Adult Care's Safeguarding Group Manager and it is intended that the revised policy and arrangements will be in place by November 2020.

In addition to the key actions above there has been a deliberate change in the safeguarding arrangements within Adult Social Care. The safeguarding team was previously located within the Personalisation & Prevention (Social Work) structure of the department. In order to promote more robust safeguarding focus there has been additional investment in leadership within the team and a transfer of the operational structure into the Commissioning, Safeguarding and Performance team. This enables more independent scrutiny and oversight of the operational teams carrying out their statutory responsibility in relation to safeguarding.

2. Quality Recording

The focus and purpose of this workstream is to ensure that there are systems to enable clear recording of information in relation to the care and support of individuals within Council run care homes.

This workstream seeks to address the learning points from the LGO report specific to the quality of recording or the absence of relevant assessments.

Within this workstream there are four key actions as follows:

- Review of current recording tools, paper and electronic (including quality of completion)
- Develop a suite of streamlined documents which support safe practice, quality recording and which provide essential quality and compliance data
- Develop clear arrangements for recording across paper and electronic systems which minimise duplication
- Produce practice guidance and visual workflows which clarify recording responsibilities

This workstream has progressed in all areas.

Key policy documents which provide guidance on the quality of recording and clarity on recording responsibilities in relation to a person's care home admission, risk of falls and nutritional needs have been revised. These include the Recording Policy and Nutrition Policy. These are expected to be introduced in September 2020, following formal sign off.

The quality of completion of the documents will continue to be monitored through the quality assurance process and this is now a specific requirement within the local and central audit tools.

As part of its review the LGO looked at the Council's practice of having both electronic and paper records. The LGO felt that this practice could lead to confusion and recommended that the Council review whether it can improve record keeping in care homes by using one recording mechanism. Previously, Adult Care reported that a pilot scheme had been approved to improve the Wi-Fi within two homes and to trial the use of handheld tablets. The findings of this trial were reported to Adult Care's senior management team in February 2020. Those responsible for running the pilot reported that it was extremely successful and recommended further roll out of Wi-Fi across the Council's homes and this was approved.

The additional benefits for care homes of having wide spread Wi-Fi are:

1. Managers can progress with using digital technologies in a way that results in them being able to work anywhere, at any time, within the building.
2. Residents can use digital technologies such as Amazon Echo Dots/Alexa's or Smart TVs.
3. NHS colleagues can use DCC Wi-Fi to enable them to log in to their own systems on their own NHS devices at the bedside of a resident.

As a result of the visiting restrictions imposed based on government guidance, further rollout to the remaining care homes to improve the Wi-Fi was put on hold immediately, as Covid lockdown was announced. At this point, it has not been possible to recommence this work but as restrictions begin to reduce, plans are now

underway to ascertain when it will be possible to continue with the rollout. It is hoped that this work can be concluded by the end of the year but this will be dependent upon a number of factors, including the care home's current Covid status, a detailed risk assessment around enabling non-essential visitors in the establishments and whether contractors feel appropriate risk mitigations can be put in place to protect their own members of staff as private contractors are required to undertake cabling in the ceiling voids in each care home.

In the interim care homes continue to have ICT access in the main office and this provides them with access to DCC electronic recording systems. Online forms are being introduced for managers and those able to access the main computer with the aim to introduce full electronic recording when the Wi-Fi infrastructure work can be completed and staff can use the tablets anywhere within the care home.

3. Quality Monitoring and Improvement

The focus and purpose of this workstream is to ensure that effective monitoring arrangements are in place to provide assurance to the Council that care homes are operating to the required standard and that these monitoring arrangements enable any problems to be quickly identified and addressed.

Within this work stream there are five key actions as follows:

- Review current audit governance arrangements
- Develop effective monitoring tools.
- Promote a one council approach to quality monitoring of care services
- Develop transparent performance data
- Establish escalation process to respond to concerns

This workstream has seen significant progress, achieving all Key Actions.

In February Adult Care reported that it recognised the need to improve the way it's directly provided services were monitored. To support that work, significant investment has been made in the Quality and Compliance Team. The focus of this work is thorough auditing of services and the development of policy and procedure to ensure compliance with developing regulation and good practice.

To support ongoing learning this work stream has engaged and obtained feedback from an independent expert, the CQC and also liaised internally with Children's Services, to share learning and identify opportunities to improve quality monitoring. As with all quality programmes, there will be continual review and ongoing development as a result of new guidance and learning from best practice examples.

Alan Jefferson, the independent expert engaged by Adult Care at the time of the initial review, has recently conducted a further review of progress and has commented that the auditing tools developed by the team are 'comprehensive' and 'completed thoroughly and to a high standard'.

In February, Adult Care reported upon the implementation of a central dashboard which monitors the performance of the Council's care homes by measuring across six key metrics; staffing vacancies, occupancy, incidents (including trips and falls and medication errors), training, complaints and CQC rating. These data sources continue to be tested to ensure that they provide the necessary and accurate information to feed into a central dashboard. Both the high level dashboard, and a more detailed report sitting underneath, are sent to all relevant operational staff and are also monitored by the Quality and Compliance Team. Alan Jefferson has provided useful comment about the dashboard and the metrics being used. Further development of the dashboard is being worked on by the Council's management Information Team and the Quality and Compliance Team.

The complaints procedures have been reviewed across Adult Care to establish a more robust reporting mechanism and this data, which identified both complaints and compliments feeds into the dashboard.

The performance data, including that from the dashboard and qualitative information taken from the site visits will be shared will Group Managers across Adult Care as part of a regular weekly meeting focussing on Quality and Compliance and work is underway to finalise the arrangements with the Commissioning, Safeguarding and Performance team to ensure that there is an oversight outside of operational Adult Care and including the safeguarding team.

Senior Managers are updated in relation to any significant incidents through a newly embedded 'Notifiable Incident Form'. This promotes swift escalation to senior managers and colleagues across the Council to promote transparency and shared solutions to collective concerns.

4. Effective Policies and Procedures

The focus and purpose of this workstream is to ensure that the Policy and Procedures, under which the Council's Direct Services operate, are comprehensive, comprehensible and 'user friendly' at a practitioner level.

To ensure that all unnecessary duplication is removed and that the policies assist staff to work in accordance with the regulatory environment in which they operate.

This workstream seeks to address all of the learning points identified within the LGO report through the development of Policies and Procedures which set clear expectations for employees which can be checked against, to ensure care is delivered consistently and to the quality standard set by the Council.

Within this workstream there are five key actions as follows:

- Identify all current policies and procedures that impact upon Direct Care staff
- Identify additional capacity to review and redraft current policies and procedures

- Ensure that all policies and procedures are up to date
- Engagement with key stakeholders to ensure policies are fit for purpose and user friendly
- Complete review of all policies and procedures relating to Direct Care.

This workstream has seen significant progress, achieving three of the five Key Actions.

All Policies and Procedures impacting on Direct Care staff have now been identified, prioritised for review and relevant officers identified as best placed to ensure these are relevant and up to date.

An additional Group Manager post has been introduced to focus on Quality and Compliance and since commencement in December 2019 they have ensured that relevant stakeholders, including colleagues with expertise in legal services, public health, health and safety, human resources and front line services are engaged in developing and introducing the policies.

Policies and procedures continue to be developed and revised where required. Since last reporting a Nutrition and Hydration and Duty of Candour policy have been developed. The current falls policy, judged as being fit for purpose by the independent expert, remains in place. However, work has been completed to update the policy with input from Public Health and other external experts. A focus on falls event had been planned for April, at which we intended to launch the new falls policy. Unfortunately, this was cancelled due to Covid 19 and it was not possible to have the involvement from operational staff and external experts required to ensure the new policy was fully understood and embedded by all those supporting people accessing care. This session will be reorganised for October this year.

5. Strengthening Communication

The focus and purpose of this workstream is to ensure that we purposefully create an environment that enables positive communication across the service. We will develop robust internal and external communication links between the care home, external organisations, those using the services and their families. This will ensure that there is an open dialogue and feedback about anything that relates to service quality and that proposed developments or changes are understood and co designed by all stakeholders.

This workstream seeks to address the learning points from the LGO report specific to the quality of communication with families and people who live and work within the care settings. This also addresses wider communication between professionals which supports individual care and the sharing of any key messages between managers and teams.

Within this workstream there are four key actions as follows:

- Establish communication arrangements with residents and their families

- Provide a clear communication route for stakeholder to improve service delivery
- Clear communication of Council and departmental objectives to front line care staff
- Promote environments that support collaboration and communication

This workstream has made progress in all areas and completed two of the key actions.

We have established communication arrangements with residents and their families which are well embedded and we are exploring new ways of communicating with families. Since February 2020 we have issued each unit with a tablet to provide a means for residents to maintain communication with their families. This has been particularly helpful during the visiting restrictions as a result of Covid and we are now exploring other technological opportunities for keeping families up to date on key issues.

In relation to clear communication of council and departmental objectives to front line staff we have significantly advanced the mechanisms for communication across our workforce including the use of technology such as Skype and Microsoft Teams. Through a newly defined two way communication structure, including 'gold', 'silver' and 'bronze' groups there is a dissemination of critical daily messages from the corporate centre and departmental senior managers to operational teams and establishments, including council run care homes. This provides an opportunity for key messages from the staff in operational teams to be escalated to senior managers.

The workshops for Unit Managers within Direct Care remain a crucial part of the communication with the managers of our homes. These have continued throughout the pandemic to ensure managers have up to date information they need to ensure care delivery is in line with the changing government guidance, particularly in relation to infection control, visiting and testing. The opportunities which Covid has highlighted in relation to remote communication has enabled registered managers to effectively attend meetings with others from across the county in a way that does not impact so significantly on their time, making this opportunity more efficient from a time and cost point of view.

6. Quality Workforce

The focus and purpose of this workstream is to ensure that we have a suitably trained workforce who are clear on their roles and responsibilities in line with a newly developed workforce plan. This workstream seeks to address all of the learning points identified within the LGO report through ensuring that those working within care settings carry out all their duties to a high standard and fulfil the expectations set which have been put in place to ensure the safety and wellbeing of people who live within or access the care settings.

Within this workstream there are five key actions as follows:

- Clarify roles and responsibilities of operational care home staff and responsible managers.
- Provide consistent message on expectations of roles.
- Understand recruitment and retention challenges and actions.
- To ensure that there is a clear induction and continued professional development arrangements to meet workforce challenges
- Review the current staffing allocation and current Dependency tool

This workstream has made progress. The Covid pandemic over recent months, has focused the workforce activity into resourcing to ensure that the Direct Care Services are staffed to the adequate levels required and that essential services can be maintained. The development of clarity around roles and responsibilities and the refreshing of job and person profiles is an on-going project. Building on this we will be providing further clarity around levels of responsibility so all staff are clear, not only what is expected of them but also of their colleagues around them. The induction arrangements for each role are being reviewed alongside a refresh of the DCC induction for all staff to ensure they meet the business needs and provide staff with the skills and support they require.

The challenges experienced as a result of the Covid pandemic have also presented an opportunity. A 'Growing & Maintaining the Workforce Group' set up as a result of COVID has been developed to deal with the recruitment and resourcing issues across the county. We have developed new fast track recruitment and training arrangements and been given the opportunity to introduce a drive and focus to do things differently. This work will be carried forward into the Quality Workforce Group and provide a foundation to build on.

Since last reporting to this committee, further work has been done to ensure people are accessing continued professional development in key areas relevant to the LGO report. Training profiles have been created for each role within direct care. These have been added to the Council's 'Derbyshire Learning online' software and the technology allows managers to have a clear understanding of compliance with essential training by their direct reports. This information also informs the Quality Improvement dashboard for a county wide view of training compliance across all care homes. This is monitored by the Quality and Compliance Team and Operational Group Managers on a weekly basis.

The Covid pandemic has added additional workforce challenges, increasing absence and compromising the amount of time available for training and development. The 'lock down' restrictions have also prevented delivery of face to face training. Colleagues have needed to respond to additional, but necessary, training requirements resulting from Covid such as infection control and client testing. This has impacted on compliance in other areas. In response to these challenges, work is underway to identify how essential training can, where possible, be delivered virtually to mitigate the risk of not being able to attend face to face training sessions and workbooks have been created for training areas identified as critical for delivering

safe services, including falls prevention. New online learning has also been introduced to ensure that all staff have a clear understanding of infection control procedures and this model will now be used for other topics.

Significant work has been undertaken with corporate colleagues to review the current staffing allocation and dependency tool to ensure that staffing ratios remain sufficient to meet the increasing dependency levels of care home residents but also to meet the quality expectations of the Council and the people who live within the care homes. It is expected that by November we will have a revised staffing allocation tool to evidence to CQC that we have taken steps to ensure we have suitable staffing arrangements and can monitor and respond to any changes in relation to dependency or other situations such as infection outbreaks. Work is also ongoing to establish a central pool of people that can be deployed to the care homes to support staffing shortages. This will be a pool of internal colleagues who we are confident have been well developed, supported and who are committed to the ways of working within the Council and aware of the expectations. It is hoped this will be in place by January 2021 at the latest and will improve the consistency for people who live in and have access to our care homes, reduce financial cost and improve quality.

Additional Information

Since last reporting to this Committee, Covid-19 has spread across the country and Derbyshire has been no exception. An important part of the quality work undertaken during this unprecedented period has been focused on the ability of the Council's directly provided services to respond appropriately to the increasing demands placed on them by the virus. Covid-19 has had a significant impact on care homes across the country, both in terms of its impact upon residents and their families, as well as the increasing demands on the staff working within those environments. In response to this, new risk assessments, infection control procedures, training around the safe use of PPE have been developed and adopted at pace.

At our previous report to the Governance, Ethics and Standards Committee, Adult Care confirmed that Alan Jefferson, the independent expert engaged following the incident at the Grange, had completed a review of the progress of the Council's quality improvement work. As part of the recommendations from that review, Mr Jefferson suggested that a further assessment of the new processes would be required before making further comment on their value and that a period of six months would be required for the new processes to be properly embedded. That further review has now been conducted and although the outbreak of Covid-19 has meant that Mr Jefferson was not able to revisit the establishments originally audited he has reviewed a wide range of documentation and spoken to the Quality and Compliance Team in order to provide a further report.

Following his assessment of the relevant documentation and the CQC inspection reports Mr Jefferson concluded as follows;

Notwithstanding delays occasioned by the need to give priority to managing DCC's response to the COVID 19 pandemic I found evidence of continuing improvements in

the Council's implementation of its QIP. The, highly motivated, quality and compliance team was able to demonstrate that it was "on top" of its brief. The work it had undertaken prior to the COVID 19 lockdown was of a high standard and the, more focussed, activities post-lockdown demonstrated a clear grasp of the need for a collaborative and encouraging approach to achieving quality services. The team was well-aware of its boundaries and its off-line role and had given careful thought about how best to influence operational staff. I also found evidence that the work being done by DCC was being recognised by CQC and, in several instances, this was being reflected in improved judgements about individual services. The task now was to ensure that this work became consolidated and sustained.