

Report Title:	The Care Quality Commission (CQC) Inspection of the in-house Housing with Care Service
Meeting:	Health in Hackney Scrutiny Commission
Report Owner:	Anne Canning – Group Director, Children, Adults & Community Health Services Simon Galczynski – Director, Adult Services
Report Author:	Tessa Cole, Head of Strategic Programmes and Governance Ilona Sarulakis, Principal Head of Adult Social Care
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Contents		Page no.
Section 1:	Executive Summary	1 - 2
Section 2:	Background and context	2 - 4
Section 3:	Summary of the Council's response to the CQC inspection outcome	4 - 7
Section 4:	Update on progress in delivering Housing with Care improvement plan	7 - 13
Section 5:	Next steps	13 -14

1. Executive Summary

- 1.1. Housing with Care (HwC) is an in-house provided service in Adult Services at the London Borough of Hackney which supports 255 people in 14 schemes located across the borough. These schemes provide care and support to people in 'supported living,' so they can live in their own homes as independently as possible. While people in HwC hold tenancies for their accommodation, the care element of HwC is a regulated service and subject to inspections by the CQC.
- 1.2. In November and December 2018 the care and support provided through HwC was inspected by the CQC. Following this inspection they have rated the service as 'inadequate'. This is a change from the previous CQC rating which was 'good' in February 2016.
- 1.3. During this inspection the CQC identified a number of concerns, which they judged to be serious enough to issue a warning notice that more serious regulatory action will be taken if improvements aren't made, which could lead

to the service losing its registration, this has effectively placed the service in 'special measures.' The CQC asked LB Hackney to ensure that the improvements they identified were in place by 8th March 2019.

- 1.4. To ensure the improvements were made on time additional resource was freed up to focus on the delivery of a robust improvement plan that was immediately developed to address the concerns raised by the CQC. The improvement plan is made up of actions and measures which have to be in place by the 8th March 2019, but also more long-term improvements for the service which will need to be embedded over a longer period of time beyond the 8th March.
- 1.5. As is the process with all providers, the findings of the inspection initiated the start of the Council Provider Concerns protocol which is led by the Head of Commissioning for Adult Services and has a proven track record of successfully working with providers where there are concerns about quality and delivering significant improvements. New referrals into the service have been suspended until the service is able to demonstrate improvements.
- 1.6. Service users and their families were proactively contacted by letter and face to face briefings with registered managers and senior managers in Adult Services were held to provide reassurance that their ongoing care and support needs would continue to be met, to share details of the improvement plan that is in place and to listen to those receiving support from the service. Healthwatch and the Advocacy Project were invited to all meetings and attended the majority of these briefings.
- 1.7. A key priority for the Council moving forward is ensuring robust communication by establishing a new forum in which Housing with Care service users, families and friends can have an opportunity to shape improvements and to co-produce change in the service. We will work with service users, families and friends to establish the best way of doing this.
- 1.8. A detailed update will be submitted to the CQC on 8th March 2019 to demonstrate progress on the improvement plan in line with the deadline given in the warning notice. We will wait to hear back from the CQC whether they are satisfied with the progress made and in the meantime will continue with the delivery of the improvement plan with oversight through the council's provider concerns protocol.
- 1.9. The CQC will inspect the service again within 6 - 12 months, where the current rating for the service will be reviewed.

2. Background and context

- 2.1. In Hackney there are 14 Housing with Care (Hwc) schemes, providing care and support to 255 people in 'supported living,' so they can live in their own

homes as independently as possible. There are separate contracts for care and housing.

- 2.2. The 14 schemes range in size from 8 to 40 self-contained flats in each scheme. It is mainly for people over the age of 55 and they hold individual tenancies with a social landlord. Some schemes specialise in helping people with similar needs, for example people with learning disabilities, memory problems or brain injury.
- 2.3. Housing support is provided to residents by the social landlord and includes a housing support worker to help with housing related issues e.g. tenancies and arranging repairs.
- 2.4. The care element of HwC is a regulated service and is subject to inspections by the CQC. The CQC does not regulate accommodation used for supported living and the inspection looked at the personal care and support provided by the London Borough of Hackney in-house provision..
- 2.5. The CQC carried out its latest inspection of HwC between 23rd November - 5th December 2018. A new inspection regime has been introduced between these two inspections, giving a service one of four possible ratings which are:
 - Outstanding
 - Good
 - Requires Improvement
 - Inadequate.
 If there are one or several areas rated as 'requiring improvement' or rated as 'inadequate' this affects the service's overall rating.
- 2.6. In order to give a rating the inspection looks at 5 core domains, detailed in the table below. The ratings assigned against each of these domains for HwC as part of the most recent inspection is detailed in the rating column.

No.	Domain	Rating
1.	Is the service safe ?	Inadequate
2.	Is the service effective ?	Inadequate
3.	Is the service caring ?	Requires Improvement
4.	Is the service responsive to people's needs?	Requires Improvement
5.	Is the service well-led ?	Inadequate

- 2.7. The CQC identified a number of serious concerns which they communicated during the inspection. In summary concerns centred around:
 - Incomplete records for medication
 - Not enough evidence to show lessons learnt had been shared and implemented if an issue had been raised within schemes

- Incomplete risk assessments
- Incomplete individual care plans
- Quality assurance systems not being operated effectively to identify and address issues with the quality and safety of the service
- Understanding and application of relevant legislation to some practices
- High number of agency staff

The CQC inspectors noted that the service provided good and compassionate care in many instances. However, some of the organisational and administrative practices needed to ensure a good quality of care delivery were not in place, and this represents a significant risk.

- 2.8. The CQC inspection report was published publicly on 17th January 2019 and the full report can be read on the CQC's website here: <https://www.cqc.org.uk/location/1-136277108> The 'inadequate' rating will remain up until the point that the CQC re-inspect the service in 6 - 12 months of the initial rating and are presented with sufficient assurances that improvements have been made.

3. Summary of the Council's response to the CQC inspection outcome

Developing an improvement plan:

- 3.1. Adult Services has taken the outcome of this inspection very seriously and a detailed and thorough improvement plan was immediately drawn up by Adult Services in response to the warning notice and the inspection report.
- 3.2. This improvement plan was shared with the CQC and the inspectors said that despite the seriousness of the concerns they had confidence in the willingness and the ability of the management team for Housing with Care to make the required changes on time and that the CQC inspectors had noted that the service provided good and compassionate care in many instances.
- 3.3. The improvement plan was developed in order to address the points raised in the inspection report and the warning notice that the CQC issued to the Council. The improvement plan is organised into the following themes:
- Risk assessments and personalised support plans
 - Training for staff in the service
 - Internal quality assurance and monitoring
 - Policies and procedures

The improvement plan is made up of actions and measures which have to be in place by the 8th March 2019, but also more long-term improvements for the service which will need to be embedded over a longer period of time beyond the 8th March.

Communicating with service users and their families:

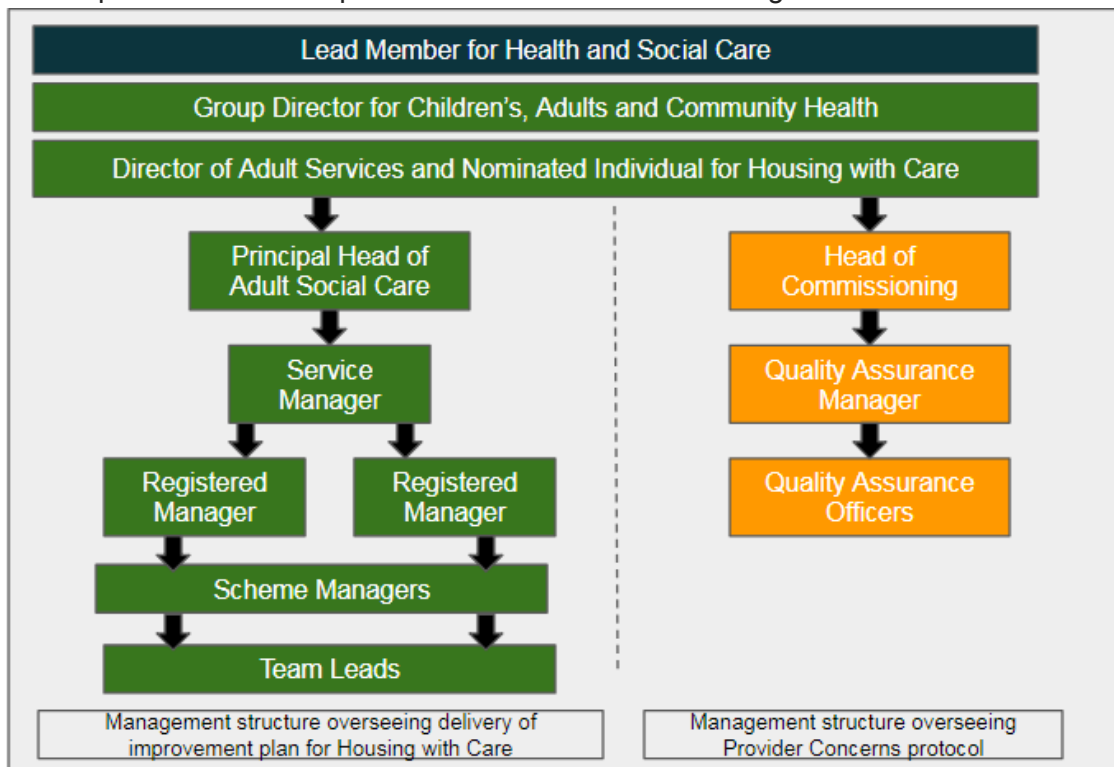
- 3.4. Service users, family and friends in Housing with Care received letters on the day the inspection report was published to inform them of the CQC inspection outcome and to invite them to briefings with the Registered Managers for the schemes and senior management in Adult Services to find out what the Council was doing to address the findings of the CQC inspection.
- 3.5. In the first two weeks of February 2019, the Principal Head of Adult Social Care led nine meetings with service users, friends and family to update them on the CQC inspection. Concerns, compliments and actions were recorded at all of these briefings. Actions are being followed-up and specific feedback is being shared with each scheme.
- 3.6. The Council invited Healthwatch Hackney and The Advocacy Project to attend all these briefings and they were in attendance for most of them. Healthwatch have written a report based on their attendance at these meetings which will be shared shortly.
- 3.7. The Council recognises the importance of maintaining an ongoing dialogue with service users, families and friends to both provide reassurance that improvements are being delivered and embedded, and to ensure that people have had the opportunity to share their experiences and views and help co-produce change to how the Housing with Care service is delivered.
- 3.8. In line with this the Housing with Care schemes will be setting up regular and ongoing service user, family and friends forums for people who want to help co-produce change in the service. Service users, families and friends will also be told about other co-production and engagement forums which they may also want to get involved in which include the Learning Disability Partnership Forum, the Carers Forum, the Making it Real Board, the Adult Safeguarding User and Carer Engagement Group and others. People will be given the choice of how they want to be involved going forward.

Additional capacity to support delivery and management structure for delivering improvements:

- 3.9. To ensure the improvement plan is delivered on time and to the highest quality additional resources were made available to the service.
- 3.10. Our experience with other provider organisations that have been supported through similar improvement processes shows that it is vital to engage additional external advice. We have engaged someone on a short-term basis with expertise in CQC regulation and service improvement to advise and oversee the service's improvement plan.
- 3.11. Four additional social workers were allocated to support with person centred care and support plans and risk assessments. Housing with Care managers and team leads were also invited to work overtime and, where possible, at weekends. The response has been positive as staff are determined to secure

the reputation of the service for the future. This is balanced with ensuring no staff work over the maximum weekly working hours as set out in the EU working time directive.

- 3.12. Two Occupational Therapists have also been completing moving and handling risk assessments, and an Occupational Therapy Assistant has been supporting with personalised care and support plans.
- 3.13. Two members of staff from Safeguarding Team have also been supporting with risk assessment delivery.
- 3.14. Project Management resource has been made available to support the service to coordinate the delivery of the improvement plan and monitor progress effectively.
- 3.15. The management structure overseeing the improvement plan and the provider concerns protocol is summarised in the diagram below.



- 3.16. As well as the management structure overseeing the improvement plan, weekly updates on progress are being provided to the Lead Member.

Initiating the council’s Provider Concerns Protocol

- 3.17. As a commissioning organisation, the Council has invoked its “Provider Concerns” protocol. This has not been used with an in-house provider before but has been used successfully with external organisations. A consequence of invoking this protocol is to suspend any new placements to Housing with

Care until Commissioning staff are satisfied that the required level of improvement has been made.

- 3.18. The Commissioning Team's Quality Assurance staff have made visits to all 14 schemes and have conducted unannounced visits to check improvements are being implemented effectively.
- 3.19. Fortnightly meetings have been held with Commissioning staff and service managers to monitor progress of the improvement plan and keep the suspension of new placements under review.
- 3.20. The Provider Concerns Protocol will continue to monitor improvements and ensure they are embedded into service delivery in the long term until the point at which the service is able to provide sufficient evidence that improvements have been made and embedded.

4. Update on progress in delivering Housing with Care improvement plan

Risk assessment and personalised support plans

4.1. **Progress to date** - The below table summarises what progress has been made to date in delivering the risk assessment and personalised support plans section of the improvement plan.

What the CQC said	What has been put in place to address this	What will be different for service users
<p>Care plans lacked detail and were not personalised.</p>	<ul style="list-style-type: none"> ● New templates for personalised care plans have been developed with expert input. ● Staff have been briefed on how to deliver personalised care, and how to record the necessary details in care plans. ● Staff have started delivering these with service users. ● Training on writing personalised care planning has been scheduled. 	<ul style="list-style-type: none"> ● Personalised care planning empowers individuals, promotes independence and ensures people are involved in decisions about their care. It centres on listening to individuals, their family and friends, finding out what matters to them and what support they need. ● It is a holistic process, treating the person "as a whole" with a strong focus on helping people to achieve the outcomes they want for themselves. ● Throughout January, February and March, Housing with Care staff will be developing new

		<p>personalised care plans with all service users, with involvement from their family and friends.</p> <ul style="list-style-type: none"> • This includes recording information about service users' preferences, dietary requirements, cultural background, sexual and gender identity, support networks and other relevant information.
<p>Medicines were not managed in a safe way and information about people's medicines was insufficient.</p>	<ul style="list-style-type: none"> • With input from Pharmacists, new medication risk assessment and medication support plan templates have been developed. • These help to keep service users safe whilst taking medication. • Staff have been briefed on how to deliver these effectively and have started delivering these with service users. 	<ul style="list-style-type: none"> • Service users will have updated medication risk assessments. • Medication support plans will continue to be developed with service users and their friends and families throughout February and March.
<p>Risks to people were not appropriately identified or mitigated against.</p>	<ul style="list-style-type: none"> • A number of new risk assessment templates have been developed, using expertise from a range of professionals. • Staff have been briefed on how to deliver each of these effectively. • Staff are delivering these with service users. For more specialist risks, relevant experts are completing 	<ul style="list-style-type: none"> • Service users can expect more detailed conversations about their individual needs, areas of risk, and clear plans of what will be put in place to keep them safe. • What assessments a service users has will depend on their needs, and will be discussed with them and their family and friends.

	assessments e.g. Occupational Therapists, Specialist Nurses, Social Workers and Pharmacists.	
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4.2. **Outstanding areas** - There are a number of areas that will be continue to be looked at as part of the continued delivery and embedding of the improvement plan. These include:

- Developing personalised care plans with service users is in progress, with some care plans yet to be updated/improved. Plans are being developed thoroughly and with input from friends and family, therefore the priority is on ensuring quality over speed. All service users will have improved personalised care plans by the end of March 2019.
- Given the high volume of different risk assessments to complete, delivery of these will continue over the next few months. Priority has been given to medication risk assessments and support plans, and all service users will have these in place by the 8th March 2019.
- Development of Life Books for service users with Dementia with the service user, their friends and family will be begin over the next few months. Life Books are an activity in which the person with dementia is supported by staff and family members to gather and review their past life events and build a personal biography or 'book'. Input from a Dementia Specialist Nurse has been sourced to advise on development.
- Embedding and reinforcing this best practice across all staff is an ongoing process. Recognising and providing the support staff need to deliver personalised care planning and risk assessments is an ongoing priority.

Training for staff

4.3. **Progress to date** - The below table summarises what progress has been made to date in delivering the training for staff section of the improvement plan.

What the CQC said	What has been put in place to address this	What will be different for service users
The training records submitted by the provider were	<ul style="list-style-type: none"> ● A new training framework has been produced which clarifies which training is mandatory, and how often 	<ul style="list-style-type: none"> ● Through providing a more consistent training offer, service users

not clear and did not show staff had received the training they needed to perform their roles	<p>staff are required to attend.</p> <ul style="list-style-type: none"> We are also introducing an improved way of recording training attendance, and gaps. 	<p>should experience an improved quality of care from all staff.</p>
Staff who wrote care plans and risk assessments told us they had not received training in writing personalised care plans	<ul style="list-style-type: none"> Training on writing personalised care planning has been scheduled. Going forward this training will be included as part of the mandatory training for all staff. 	<ul style="list-style-type: none"> Service users can expect more detailed conversations about themselves as part of their care planning. Families and friends will be involved in the care planning process if this is what the service user would like. Service users can also expect their care plan to be personalised, and updated as required.

4.4. **Outstanding areas** - There are a number of areas that will be continue to be looked at as part of the continued delivery and embedding of the improvement plan. These include:

- As a longer term solution, Workforce Development are looking to purchase improved software that will make tracking attendance at training easier, and making reports of upcoming training needs easier.
- Where gaps have been identified, training courses are being scheduled to address these. For example, training on personalised care planning is scheduled.
- Addressing all gaps in staffs' essential training, and scheduling sufficient training courses to address these, will be an ongoing priority.

Internal quality assurance and monitoring

4.5. **Progress to date** - The below table summarises what progress has been made to date in delivering the internal quality assurance and monitoring section of the improvement plan.

What the CQC said	What has been put in	What will be different
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	place to address this	for service users
Quality assurance systems had not operated effectively to identify and address issues with the quality and safety of the service.	<ul style="list-style-type: none"> • Within schemes, the quality monitoring checklist used has been reviewed and updated, making sure the quality assurance processes are thorough. • There is now a schedule of when audit 'spot checks' will happen, to make sure quality checks are happening regularly. • The commissioning quality assurance team have implemented the same Quality Assurance framework used for external providers, and now have two officers assigned to Housing with Care. 	<ul style="list-style-type: none"> • These processes should result in action happening more quickly in response to any issues raised by service users, friends and families.
The systems in place did not always facilitate the management of the service or sharing of information.	<ul style="list-style-type: none"> • All data from audits, complaints, compliments, safeguarding events, accidents and incidents are now all recorded in one place. • The Business Manager now analyses the data monthly, and shares reports with the Scheme Managers. 	<ul style="list-style-type: none"> • As above these processes should result in action happening more quickly in response to any issues raised by service users, friends and families.
There was no systematic or service wide analysis of the quality of support received by people or of complaints made, and no way of identifying if themes	<ul style="list-style-type: none"> • The spreadsheet and monthly reporting process above has been implemented to allow for analysis of themes. The reports are discussed at monthly manager 	<ul style="list-style-type: none"> • As above these processes should result in action happening more quickly in response to any issues raised by service users,

were scheme-specific or more general in nature	meetings during new 'lessons learnt' sessions, that are also attended by the Complaints Officer.	friends and families.
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4.6. **Outstanding areas** - There are a number of areas that will be continue to be looked at as part of the continued delivery and embedding of the improvement plan. These include:

- The Quality Assurance team will continue to closely monitor the schemes on an ongoing basis, to monitor whether improvements are sustained. This will commence and continue once the Provider Concerns process is completed.

Policies and procedures

4.7. **Progress to date** - The below table summarises what progress has been made to date in delivering the policies and procedures section of the improvement plan.

What the CQC said	What has been put in place to address this	What will be different for service users
People told us they would be happy to receive end of life care from the service, but the provider was not following their own policy about end of life care.	<ul style="list-style-type: none"> ● All staff have been refreshed on the end of life policy. 	<ul style="list-style-type: none"> ● Service users will receive compassionate and person centred end of life care.
The complaints policy covered only complaints that required a written response; complaints made verbally and resolved within 24 hours were considered out of the scope of the policy.	<ul style="list-style-type: none"> ● Informal complaints are now included within the complaints policy, and are recorded centrally alongside formal complaints. 	<ul style="list-style-type: none"> ● Service users should see improvements made more quickly in response to any informal complaints made.

Governance

4.8. A new governance model is proposed for the service to ensure ongoing and effective oversight of this service going forward. This will include:

- A new quality assurance framework for the service in line with what is used to monitor the quality and performance of external homecare provision. Below are some example key performance indicators from

the existing homecare framework to illustrate the types of measures that will be put in place for Housing with Care:

1. Percentage of service users who have had their defined outcomes met during the reporting period;
2. Percentage of staff that have had formal supervision with their line manager within the last three months;
3. The percentage of service users who have responded to service user surveys stating that they are extremely satisfied with the service during the reporting period
4. Percentage of visits that were missed during the reporting period

Specific measures will be developed for Housing with Care that reflect the priorities of residents, the purpose of the service, the points raised by CQC and the service's own improvement activity.

- Continued monitoring at least in the medium term through the provider concerns protocol and thereafter through regular quality monitoring through unannounced visits and spot checks, audits and regular monitoring meetings which will look at performance.
- Regular reporting on performance in line with the quality assurance framework to the Lead Member.
- Regular reporting on performance in line with the quality assurance framework to the Children's, Adults and Community Health Senior Management Team.
- Regular meetings with service users and their families and friends where feedback will be routinely captured and built into service improvement.
- Regular meetings with staff where feedback will be routinely captured and built into service improvement.

- 4.9. The Deputy Mayor will continue to oversee improvements and hold the service to account in her role as Lead Member. Regular updates will set out performance in line with the service's quality assurance framework including any outstanding actions from the improvement plan and then a summary of service performance including strengths, areas for improvement and feedback from service users, friends and families.

5. Next Steps

- 5.1. A key priority for the Council moving forward is establishing a new forum in which Housing with Care service users, families and friends can have an opportunity to co-produce change in the service. We will work with service users, families and friends to establish the best way of doing this.
- 5.2. The Council will continue to deliver the improvement plan for the service and embed long-term change within the service with a view to move to a service that is rated 'Good' or 'Outstanding' by the CQC.

- 5.3. The Commissioning team will continue to monitor improvements to the service through the council's provider concerns protocol. This will include continued meetings with the service and quality assurance spot checks across the schemes.
- 5.4. A new governance structure will be established to ensure ongoing and effective oversight of this service going forward.
- 5.5. A detailed update will be submitted to the CQC on 8th March 2019 to demonstrate progress on the improvement plan in line with the deadline given in the warning notice. We will wait to hear back from the CQC whether they are satisfied with the progress made and in the meantime will continue with the delivery of the improvement plan with oversight through the council's provider concerns protocol.
- 5.6. The CQC could decide to re-inspect the service anytime within 6 - 12 months after the 8th March 2019, where the current rating for the service will be reviewed.