

# HEALTH AND WELLBEING BOARD

22 November 2016

<b>Title:</b>	<b>Health and Wellbeing Outcomes Framework Performance Report – Provider Quality for Quarter 2 2016/17 (July to September 2016)</b>		
<b>Report of the Strategic Director of Service Development &amp; Integration</b>			
<b>Open Report</b>		<b>For Decision</b>	
<b>Wards Affected:</b> ALL		<b>Key Decision:</b> No	
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<b>Sponsor:</b> Anne Bristow, Strategic Director of Service Development & Integration, London Borough of Barking and Dagenham			
<b>Summary:</b> <p>In the companion report to this, the Health &amp; Wellbeing Board has reviewed performance against its targets as reflected in the dashboard and accompanying narrative. The essential partner to performance is an analysis of quality in the system. At a high level this can be captured in the activity of the quality regulator, the Care Quality Commission.</p> <p>The Care Quality Commission periodically publishes reports of its inspections of services across adult social care, primary care and hospital services, and where there are concerns identified, these are documented in this report to the Board, together with actions being taken by commissioners and service providers to see those services improved.</p>			
<b>Recommendation(s)</b> Members of the Board are recommended to: <ul style="list-style-type: none"><li>Note and discuss the outcomes of CQC inspections and the actions being taken as a result when improvements are identified as needed.</li></ul>			
<b>Reason(s)</b> The outcomes of inspections carried out by the Care Quality Commission provides important information about the quality of provision with Barking and Dagenham. It is therefore important that Board members use this opportunity to examine where provision			

has been rated as requiring improvement or inadequate.

## 1 Introduction

- 1.1 The Health & Wellbeing Board has a wide remit, and it is therefore important to ensure that the Board has an overview across this breadth of activity. While the performance report focuses on indicators highlighting the performance of elements within the system and the system as a whole, this report highlights the quality of the provision of services within the borough, including the outcome CQC inspections.
- 1.2 Appendix A contains an overview of CQC inspection reports published during 2016/17 Q2, including those relating to GP surgeries, social care providers, and all other healthcare providers in the borough or who provide services to our residents.

## 2 Local hospital services: CQC reporting in quarter 2

### BHRUT

- 2.1 Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) remains in special measures following the CQC revisiting the Trust in March 2015; finding that although there were improvements in responsiveness to patient needs, at times there were still significant delays in initial clinical assessment.
- 2.2 Both King George Hospital and Queen's Hospital 'Require Improvement', while the trust is marked as 'Inadequate' for responsiveness and 'Requires Improvement' for safety, effectiveness, caring, and being well-led.

### NELFT

- 2.3 In April 2016 the Care Quality Commission (CQC) undertook a comprehensive inspection of 14 of NELFT's core services (5 Community Health services and 11 mental health services). Of these 14 core service reports, 9 were rated as good, 4 as requiring improvement and 1 as inadequate. The overall key lines of enquiry found that of the 5 inspection framework domains; 4 required improvement and 1 was rated as good. NELFT received an aggregated rating of Requires Improvement.
- 2.4 Below is a summary of the findings of the inspection, full details of the outcome of the inspection can be found via the following link  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF3168.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF3168.pdf)
- 2.5 Community Health services (5 core services which did not include End of Life or Community Dentistry)
  - In some of the community health services there were major staffing shortages and high caseloads which were impacting on the quality of care being provided and the well-being of community health staff.
  - That community health services for adults had a lot of variation in the referral to treatment times for accessing specialist nursing services, which requires addressing to provide consistency.

- Within community health services for children, young people and families, there were long waiting times and waiting list breaches for referral to therapy and diagnostic services.

## 2.6 Mental Health Services (11 core services which did not include 'specialist' MH services such as MH perinatal)

- Child and Adolescent inpatient unit – environmental cleanliness, facilitates did not promote privacy and dignity, blanket restrictions, staffing issues, high number of restraints. Care plans and risk assessment were not person centred.
- In the acute inpatient core services risk assessment, risk formulations and care plans were not always being updated and reviewed.
- Care planning lacked personalisation and involvement.
- Environment safety – there were multiple ligature points in ward areas and patient bedrooms. Ligature risk assessments and action failed to provide the necessary detail and staff were not always aware of ligature points and the controls required.
- Access to psychological therapies

## 2.7 Corporate

- The board did not have assurance that all clinical risks including those linked to regulatory compliance had been addressed.
- The governance structures and quality assurance processes did not identify that core services were deteriorating and that there was inconsistency across core services regarding rates of staff mandatory training, appraisal and supervision.
- The trust did not meet the fit and proper persons requirement for directors and was noncompliant with the law.

## 2.8 In addition, the CQC identified several areas of good practice, including:

- In Havering, nursery nurses piloted nursery nurse led child health clinics, receiving positive evaluation by parents of 100%
- The community treatment team worked closely with local acute hospitals to reduce emergency admissions to hospitals for patients, who were treated in their own homes
- Partnership with London Ambulance Service (K466 Car) plus national patient safety award
- All memory services were accredited in the Memory Service National Accreditation Programme run by the Royal College of Psychiatrists
- The child and adolescent mental health community teams had joined CYP IAPT - national service transformation programme delivered by NHS England to improve mental health services for children and young people.
- Cited as one of the top ten global black and minority ethnic networks by The Economist in February 2016

- The trust has good overall systems and processes for managing safeguarding children and adults at risk. The trust was represented at all local authority safeguarding boards and contributes to sub groups

2.9 The CQC held a Quality Summit on 14 October 2016 and representatives from all partner organisations, Governors, patient groups and staff attended and a series of development workshops, to look at how the partnership can work together to support an improvement plan, took place.

2.10 The CQC report was discussed at the Joint Health and Overview Scrutiny Committee on 18<sup>th</sup> October, where there was discussion around the following issues:

- The closure, refurbishment and subsequent re-opening of Brookside Ward
- Changes to the recruitment process and further recruitment of nurses that had already taken place
- Development of a new model of care with more care delivered at home
- Transformation of the acute care pathway which had led to a reduction in suicide rates

2.11 The CQC report was also discussed at the recent Health and Adult Services Select Committee on 2 November, where the following issues were raised:

- The Trust's recruitment challenges and what the Trust is doing to reduce spend on temporary/ agency staff
- The Trust's explanation of why it did not meet the fit and proper person's requirements for directors and a lack of robust induction training for governors
- The finding that there was a lack of consistent recording of patient risk across the services to ensure these were captured and plans to minimise the risks – a GP in attendance made the point that the Trust needs to communicate very clearly with staff, including agency/ temporary staff, that risks must be recorded in line with the Trust's protocol and what the repercussions would be for non-compliance.

2.12 NELFT has developed a template Strategic Quality Improvement Plan which will address every area of improvement identified by the CQC inspection. This template was approved by the NELFT Board of Directors at its meeting on 26 October and is being populated with actions. The full, approved Strategic Quality Improvement Plan will be presented to the Health and Wellbeing Board at its meeting on 31 January.

### **3 Adult Social Care Services**

3.1 The Care Quality Commission (CQC) published reports on 8 local social care providers in 2016/17 Q2 in Barking and Dagenham. These inspections have taken place under the new inspection criteria that came in to affect in October 2014.

3.2 Of the social care providers inspected, three were rated 'Good':

- Dagenham Road – Outlook Care
- Gascoigne Road Care Home (80 Gascoigne) - London Borough of Barking and Dagenham
- Park View - Barchester Healthcare Homes Limited

3.3 The remaining five were rated as ‘Requires Improvement’ and are listed below:

- Chestnut Court
- Lynwood
- Caronne Care Ltd
- Three Sisters Care Ltd
- Hanbury Court Care Centre - MNS Care Plc

#### **Chestnut Court – Requires Improvement**

3.4 Chestnut Court is a 62-bedded nursing home located in Dagenham. The home offers accommodation for persons who require nursing or personal care, dementia, end of life care and people with challenging behaviour.

3.5 The inspection found that all five areas (Safe, Effective, Caring, Responsive and Well-Led) required improvement.

3.6 The local authority, in conjunction with the CCG, has been working with Chestnut Court to improve provision following the inspection. An unannounced visit by the QA team and the CCG showed improvements in most areas and the local authority will continue to work through the improvement plan with the home and continue increased monitoring.

#### **Lynwood – Requires Improvement**

3.7 Lynwood is a supported living accommodation for people with learning disabilities, physical disabilities and sensory impairments for adults under the age of 65 years. Unannounced quality assurance monitoring was carried out by the local authority one week before the CQC inspection, and concerns were forwarded to the CQC. Lynwood was rated ‘Requires Improvement’ in four areas and inadequate on one area.

3.8 Quality Assurance and Commissioning are working closely with the provider to improve the quality of the service that is delivered. An improvement plan is in place, including increased monitoring and unannounced visits, with improvements being seen in several areas. The QA team will continue to work closely with the provider.

#### **Caronne Care Limited – Requires Improvement**

3.9 Caronne Care Limited is a home care provider on the Council’s approved list of providers. Caronne Care were rated ‘Good’ in three areas: Effective, Caring and Responsive; however, the agency was rated as ‘Requires Improvement’ in two areas – Safe and Well-led.

- 3.10 The Quality Assurance team and the Commissioner responsible for homecare have put an improvement plan in place with the provider and will be carrying out visits and monitoring service user feedback. The provider has put new management into the service and social workers are providing feedback on the provider, which is also being incorporated into the improvement plan.

### **Three Sisters – Requires Improvement**

- 3.11 Three Sisters is a home care provider on the Council's approved list of providers, based in Tower Hamlets. Three Sisters were rated 'Good' for Caring but rated 'Requires improvement' in all other areas.
- 3.12 The Quality Assurance team and the Commissioner responsible for homecare have met with the provider and an improvement plan is in place. Service users have been reviewed and all are happy with the quality of the service, while a visit from the QA team indicated improvements in many of the areas identified by the CQC. The QA team will continue to closely monitor the provider, and there has been communication with Tower Hamlets to ensure that the improvement plan is joined up.

### **Hanbury Court Care Home – Requires Improvement**

- 3.13 Hanbury Court is a nursing care home for older people requiring nursing, dementia, end of life care. Care is also in place for people with physical disabilities. Hanbury Court was rated as 'Requires Improvement' overall, with four areas rated as requires improvement and one area (safe) rated as inadequate.
- 3.14 The Quality Assurance team and the Social Care Business Unit have been working closely with the provider to improve the quality of the service and an improvement plan is in place. Joint unannounced quality assurance monitoring visits have taken place, which identified some improvements, although further improvements are still required in medication audits, staff morale and culture, as well as robust systems to monitor the quality of care delivered. Increased monitoring is being undertaken by the Quality Assurance team.

## **4 Primary Care Services**

- 4.1 The Care Quality Commission (CQC) published reports on 7 GP practices and 1 dental surgery in quarter 2 2016/17.
- 4.2 The CQC carried out an inspection at Rose Lane Dental Surgery in February 2016 which found breaches of legal requirements. The CQC then carried out a follow-up inspection on 20 July 2016 to check that they had followed their plan and they now met the legal requirements. The inspection found no further improvement actions were required.
- 4.3 Of the seven GP practices that had reports published in Q2, 4 were rated 'Good':
- Parkview Medical Centre - Dr DP Shah's Practice
  - Thames View Health Centre - Dr Gurkirit Kalkat
  - 7 Salisbury Avenue - Dr R Chibber's Practice
  - Marks Gate Health Centre - Dr KP Kashyap's Practice

- 4.4 Both Urswick Medical Centre and Chadwell Heath Health Centre were rated as 'Requires Improvement', while Broad Street Resource Centre (run by Heathway Medical Centre) was rated 'Inadequate'.
- 4.5 Where a healthcare establishment is rated as 'Requires Improvement', or 'Inadequate', the practice is required to develop an improvement plan which is then monitored by the CQC. Where a practice is rated as 'Inadequate', the practice will be re-inspected by CQC within six months. The GP practices that are rated as such are listed below along with the main points of their action plans:

#### **Heathway Medical Centre – Inadequate**

- 4.6 The practice has been placed in special measures following the CQC inspection and a further inspection will take place within 6 months, where if there remains a rating of inadequate for any population group, key question or overall, action will be taken in line with CQC enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to the cancellation of their registration or to varying the terms of their registration if they do not improve.
- 4.7 The key findings across all the areas inspected included:
- Patients were at risk of harm because systems and processes were not in place to keep them safe
  - The practice did not have systems or processes in place to record, analyse or share learning from significant events or complaints
  - Patient outcomes were hard to identify
  - Policies and procedure were generic, incomplete or did not contain relevant information
  - The practice did not hold regular practice or governance meetings and issues were discussed with staff on an ad hoc basis
  - Patients highlighted that the appointments system was not working and they experienced long waiting times to be seen
  - Clinical staff assessed patient's needs and delivered care in line with current evidence based guidance
- 4.8 There are a number of areas where the provider must make improvements, which can be found in more detail in the full CQC report:  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF5830.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF5830.pdf)

#### **Chadwell Heath Health Centre – Requires Improvement**

- 4.9 The areas where the provider must make improvements are to:
- Review the mandatory training requirements for staff and ensure all staff receive the required training at appropriate intervals
  - Ensure recruitment arrangements include all necessary employment checks for all staff and develop a role specific induction programme
  - Implement a programme of continuous quality improvement including audits to show improvements in patient outcomes

- Ensure a risk assessment is completed or DBS checks are carried out for non-clinical staff who provide chaperone duties
- Act to improve patient satisfaction with access to the practice. • Review the practice appointment system

### **Urswick Medical Centre – Requires Improvement**

4.10 The areas where the provider must make improvements are to:

- Ensure recruitment arrangements include all necessary employment checks for all staff
- Ensure there are systems in place to monitor and manage risk to patient and staff safety, including fire safety
- Ensure that there are systems in place to manage staff training for their roles so that staff have the skills and knowledge to deliver effective care

### **How the CCG is supporting practices to address issues**

- 4.11 Practices are responsible for making the required improvements and ensuring they meet the CQC requirements. However, the CCG is working with practices to support them to deliver the high-quality care that patients expect.
- 4.12 Across Barking and Dagenham, and our partner CCGs, Havering and Redbridge, a review was undertaken (reported in the previous HWB performance report) that reviewed the common themes that have come out of recent CQC reports on GP practices.
- 4.13 To address the areas found by the review, the CCGs developed a plan to actively support practices to improve in key areas. This included providing practices with best practice guidance, and information on training available, along with information on other recommended services and support, such as how to access DBS checks and language services.
- 4.14 The CCG is also in the process of reviewing practice training requirements and will set up some specific training sessions for practice staff and GPs particularly around:
- Managing risk and learning from mistakes
  - Health and safety
  - CPR
  - Equality and diversity
  - Informed consent
  - Informed decision making
  - Whistle blowing
  - Fire safety



## **5 Mandatory implications**

### **Joint Strategic Needs Assessment**

- 5.1 The Joint Strategic Needs Assessment provides an overview of the health and care needs of the local population, against which the Health and Wellbeing Board sets its priority actions for the coming years. By ensuring regular performance monitoring, the Health and Wellbeing Board can track progress against the health priorities of the JSNA

### **Joint Health and Wellbeing Strategy**

- 5.2 The Outcomes Framework, of which this report presents a subset, sets out how the Health and Wellbeing Board intends to address the health and social care priorities for the local population. The indicators chosen are grouped by the 'life course' themes of the Strategy, and reflect core priorities.

### **Integration**

- 5.3 The indicators chosen include those which identify performance of the whole health and social care system, including indicators selected from the Systems Resilience Group's dashboard.

### **Legal**

- 5.4 Implications completed by: Dr Paul Feild
- 5.5 The Health and Wellbeing Board is established under Section 194 of the Health and Social Care Act 2012. The primary duty of the Health and Wellbeing Board is to encourage those who arrange for the provision of health or social care services to work in an integrated manner. This is further extended to include encouraging integrated working with those who arrange for the provision of health-related services (defined as services that may influence the health of individuals but are not health services or social care services).

### **Financial**

- 5.6 Implications completed by: Katherine Heffernan, Group Manager, Finance
- 5.7 There are no financial implications from this report.

## **6 List of Appendices**

- Appendix A: CQC inspection reports