

Care Home Early Intervention Pilot Proposal

1. Purpose of the Service

The purpose of the service will be to ensure robust interventions and advice to support and improve the delivery of care in care home settings.. This service will be provided to all Nottingham City Care Homes (nursing and residential) and be delivered by skilled practitioners who would be able to support care homes to improve standards of care.

2. Aims / Services Outputs

A well-functioning service would be able to demonstrate:

- Reductions in safeguarding investigations
- Reductions in Provider Investigation Procedures (PIP)
- Reductions in numbers of unplanned closures
- Improvements in rating / scoring of care homes at quality / contract monitoring reviews
- Improvement in follow up and monitoring rates of actions plans after safeguarding investigations
- Reduction in referrals to safeguarding

3. Evidence Base

This proposal has been developed following a number of unplanned care home closures in Nottingham City where providers have been unable to sustain and demonstrate improvements required as a result of safeguarding / provider investigations. Learning from these has highlighted that in order to identify providers at risk of failing there is a need for:

- Information sharing (real time) between monitoring and regulatory bodies
- Corroboration and risk assessment of the information shared
- Intensive periods of intervention
- Monitoring that improvements are sustained

This has been reinforced by national learning as a result of care home closures, most recently and notably the report of the Serious Case Review into events at Orchid View Care Home in West Sussex.

4. Benefits of the Service

It is anticipated that there being able to deliver this service to homes at risk of failing would have a number of benefits. These are

- Reduction in the amount of time that specialist staff would need to spend following up actions and providing intensive input to homes
- Reduction in the amount of safeguarding investigations required, which would in turn reduce the costs and resource involved in undertaking these
- Improve the quality of the care home market
- Improve outcomes for citizens
- Provide opportunities for leadership and modelling of best practice for care home staff and owners

- Promote transparency and partnership working between statutory bodies and provider organisations
- Improve accessibility of information to the population of Nottingham City via the care homes dashboard

5. Delivery Model

It is proposed that an Early Intervention approach is piloted within care homes for one year. The staff within the team would comprise one WTE social care and one WTE nursing professional who would work in the following areas:

- Information Gathering
- Undertake fact finding
- Formulate interventions
- Monitor effectiveness of interventions

5.1 Information Gathering

These staff members would be the lead professionals for coordinating and triangulating information to identify homes requiring support. This would be undertaken by maintaining and monitoring the Care Home dashboard, leading the Quality Assurance Information Sharing Meeting and having oversight of the numbers of safeguarding / which provider investigations within a care home. Using this information will allow those homes are not meeting the standards of quality expected and therefore at risk of failing to be identified and prioritised for intensive support.

5.2 Fact Finding

Following identification of homes requiring intervention, the practitioners would be expected to visit the home, review care plans, speak to staff, seek feedback from residents and their relatives and observe practice and care delivery. This would allow them to diagnose issues and identify concerns.

5.3 Formulating Interventions

These would be based on the issues and concerns identified at the fact find. Practitioners would work with the home to check that there was a robust and achievable action plan in place, whether this plan will improve the situation, signpost to specialist staff who could assist with delivery (for example, medicines management) and ensure that actions specified have timescales for achievement. The practitioners would be able to support the home with action planning but it is not intended that they take responsibility for creating the action plan and delivering it as this could disempower care home staff and lead to a lack of ownership and accountability for actions.

5.4 Monitoring Effectiveness

Practitioners would return to the home within the completion timescales set out by the action plan to confirm that actions had been undertaken and if the issues causing the concern had been resolved. The on-going impact would be monitored via the process outlined in gathering information to ensure that the home did not continue to flag as one that required support

6. Costs

The team would be funded jointly by health and social care and hosted and managed within the Adult Safeguarding Quality Assurance Team at Nottingham City Council. However, clinical supervision for the nursing professional will be provided by NHS Nottingham City.

Funding for £50,000 which equates to an Agenda for Change band 7 nursing post (top of spine point including on – costs at 25%) non – recurrently for a 1 year pilot is requested

7. Recommendations

The Executive Team are asked to:

- Support the proposal
- Agree to the non-recurrent investment requested

Sally Seeley
Assistant Director of Quality Governance
CCG

Julie Sanderson
Quality Assurance Lead
NCC

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