

HEALTH SCRUTINY SUB-COMMITTEE

Tuesday, 11 December 2018 at 6.30 p.m.

Committee Room One - Town Hall Mulberry Place

SUPPLEMENTAL AGENDA – Residential & Home Care Report

This meeting is open to the public to attend.

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**6. RESIDENTIAL AND NURSING CARE HOMES AND HOME
CARE PROVISION IN THE BOROUGH: QUALITY AND
CAPACITY**

3 - 16

This report provides an overview of the care home and home care markets in the borough. The regulatory framework within which these market sectors operate is explained as is the role of the Care Quality Commission in maintaining oversight of regulatory compliance. The report explores a range of quality and capacity issues relevant to the care home and home care market in the borough.

Report to follow:-

The report was not published five clear days in advance. The Chair has decided this report must go to the December 11 2018 Health Scrutiny Sub-Committee as the agenda for the meeting has been designed to intrinsically link this deep dive item of '*Residential and Nursing Care Homes and Home Care provision in the borough: Quality and Capacity*' to the other two reports being presented before the committee. By reviewing all three agenda items together the committee will be able to better Scrutinise health and social care services around the theme of satisfaction and quality of home care. The reports and subsequent discussion will not be as meaningful if they were viewed in isolation at separate meetings.

| | |
|--|---|
| <p>Non-Executive Report of the:</p> <p>Health Overview and Scrutiny Committee</p> <p>11 December 2018</p> |  <p>TOWER HAMLETS</p> |
| <p>Report of: Denise Radley; Corporate Director: Health, Adults and Communities</p> | <p>Classification: Unrestricted</p> |
| <p>Residential and Nursing Care Homes and Home Care provision in the borough: Quality and Capacity</p> | |

| | |
|-------------------------------|---|
| Originating Officer(s) | Warwick Tomsett, Joint Director of Integrated Commissioning |
| Wards affected | All wards |

Executive Summary

An overview of the care home and home care markets in the borough is provided. The regulatory framework within which these market sectors operate is explained as is the role of the Care Quality Commission in maintaining oversight of regulatory compliance.

A range of quality and capacity issues relevant to the care home and home care market in the borough are explored.

Recommendations:

The Health Overview and Scrutiny Committee is recommended to:

1. Note the content of this report; and
2. Comment on matters that should be taken into account in the planning of future commissioning arrangements for both care homes and home care provision in the borough.

1. REASONS FOR THE DECISIONS

- 1.1 To provide direction on matters that the Committee view as relevant for consideration in the future commissioning of care home and home care provision in the borough.

2. **ALTERNATIVE OPTIONS**

- 2.1 The Committee could ask for further detail on specific aspects of the care home and home care markets locally prior to determining any comments.

3. **DETAILS OF THE REPORT**

Introduction

- 3.1 This report provides an overview of the care home and home care markets in Tower Hamlets along with commentary on the quality of the services commissioned by the Council.
- 3.2 The arrangements the Directorate has in place to monitor and manage the quality of care provided by commissioned providers are explained. A brief description of the quality assurance arrangements for services that operate locally, but with which the Council does not have a contract, is also provided.
- 3.3 The Care Quality Commission (CQC) have statutory responsibility for assessing the quality of care provided by care home and home care providers as well as their compliance of with the various regulatory requirements arising from the Care Act 2016 and associated legislation. The CQC use a standard inspection methodology to test regulatory compliance. This methodology is built around five key questions, which are underpinned by a number of Key Lines of Enquiry. The five key questions are:
- Is the service safe?
 - Is the service effective?
 - Is the service caring?
 - Is the service responsive to people's needs?
 - Is the service well led?
- 3.4 Following an inspection of the service the CQC assigns one of four ratings to each of the five domains covered by the above questions. The four ratings are:
- Outstanding
 - Good
 - Requires Improvement
 - Inadequate

The CQC description of what each of these ratings means is as follows:

| | |
|-----------------------------|--|
| <i>Outstanding</i> | The service is performing exceptionally well. |
| <i>Good</i> | The service is performing well and meeting our expectations. |
| <i>Requires improvement</i> | The service is not performing as well as it should and we have told the service how it must improve. |

| | |
|-------------------|---|
| <i>Inadequate</i> | The service is performing badly and we've taken action against the person or organisation that runs it. |
|-------------------|---|

3.5 The five individual ratings are then combined to produce a single overall rating, again using one of the four descriptions above. There are a set of 'rules' that define how the five individual ratings are combined to produce an overall rating. The CQC's explanation of these rules is set out below:

1. *In line with our enforcement policy, the overall rating for a service cannot be better than requires improvement if there is a breach of regulations.*
2. *The five key questions are all equally important and are weighted equally when aggregating. **Please note:** for focused inspections, the new ratings for the key questions inspected will be aggregated with the existing ratings for the key questions not inspected.*
3. *At least two of the five key questions would normally need to be rated as outstanding and three key questions rated as good before an aggregated rating of outstanding can be awarded.*
4. *There are a number of ratings combinations that will lead to a rating of good. The overall rating will normally be good if there are no key question ratings of inadequate and no more than one key question rating of requires improvement.*
5. *If two or more of the key questions are rated as requires improvement, then the overall rating will normally be requires improvement.*
6. *If two or more of the key questions are rated as inadequate, then the overall rating will normally be inadequate.*

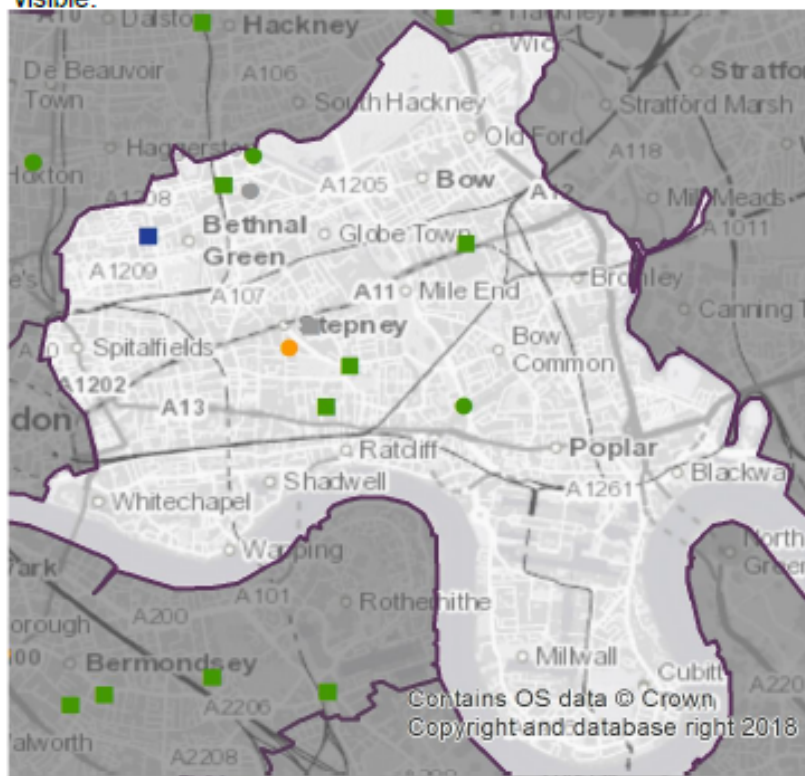
3.6 The table below provides a high level overview of the ratings for regulated provision located in the borough, including care homes and home care providers. This information was correct as at 28 September 2018. More detailed information about care homes and commissioned home care provision is provided in subsequent sections of this report. Note that the table overleaf includes Community Care services, a category that includes Extra Care Sheltered Housing schemes as well as Hostels that meet specific criteria relating to the provision of personal care. The Outstanding provider referenced in this section of the table is Edward Gibbons House, a homelessness hostel run by Providence Row Housing Association.

3.7 It is also worth noting that not all of our commissioned home care providers currently operate from registered offices which are located within the borough, so are not included in the figures overleaf. These providers are included in the more detailed analysis in subsequent sections of this report.

Ratings - adult social care



This map shows the overall ratings of active adult social care locations in Tower Hamlets. There may be multiple locations in one position so not all location may be visible.



Data accessed from CQC data on: 28/09/18

Nursing homes - see circles on map

| | Inadequate | R.I.* | Good | Outstanding | Unrated |
|-------------|------------|---------|---------|-------------|---------|
| This LA | 0% (0) | 25% (1) | 50% (2) | 0% (0) | 25% (1) |
| Comparators | 2% | 24% | 65% | 2% | 7% |
| England | 2% | 23% | 66% | 3% | 6% |

Residential care homes - see squares on map

| | Inadequate | R.I.* | Good | Outstanding | Unrated |
|-------------|------------|--------|---------|-------------|---------|
| This LA | 0% (0) | 0% (0) | 71% (5) | 14% (1) | 14% (1) |
| Comparators | 0% | 12% | 83% | 1% | 4% |
| England | 1% | 14% | 77% | 2% | 5% |

Domiciliary care agencies - not shown on map

| | Inadequate | R.I.* | Good | Outstanding | Unrated |
|-------------|------------|---------|----------|-------------|----------|
| This LA | 3% (1) | 18% (7) | 51% (20) | 3% (1) | 26% (10) |
| Comparators | 1% | 11% | 53% | 2% | 33% |
| England | 1% | 10% | 63% | 2% | 24% |

Community care services - not shown on map

| | Inadequate | R.I.* | Good | Outstanding | Unrated |
|-------------|------------|--------|---------|-------------|---------|
| This LA | 0% (0) | 0% (0) | 67% (6) | 11% (1) | 22% (2) |
| Comparators | 0% | 8% | 59% | 3% | 30% |
| England | 0% | 8% | 69% | 3% | 20% |

*R.I. = Requires improvement

Numbers in brackets are the number of locations.

- 3.8 CQC allocate an Inspector to act as a point of liaison with each local authority. Officers meet quarterly with the Inspector allocated to Tower Hamlets in order to share information about current issues and so that the CQC can advise of upcoming inspections or regulatory activity. This discussion covers all regulated providers in the borough, not just those with whom the Council contracts.

Care homes

- 3.9 There are a total of eleven care homes located within the borough, three of which are registered to provide nursing care in addition to residential care. Five of the care homes primarily cater for older people (65+), and two of those five homes are registered to provide nursing care in addition to residential care. The other six homes are small specialist units providing care to younger adults with mental health problems or learning disabilities. One of those six homes is registered to provide nursing care in addition to residential care. Given the size and specialist nature of these care homes the focus of this report will be on the five care homes for older people. Further information on the six specialist care homes can be provided as required.
- 3.10 It is worth noting here that until March 2018, Pat Shaw House also provided residential care for older people. Pat Shaw House was operated by Gateway Housing Association and primarily focused on providing what might be termed 'standard' residential care. There were long term issues at the home regarding occupancy levels, partly driven by local perception of the quality of care provided, and also because increasingly the Council was commissioning alternative options to better meet the needs of people who might previously have been placed in Pat Shaw House or similar care homes. Increasingly technology is being utilised in combination with packages of care to enable people to continue to live at home for example, while the development of Extra Care Sheltered Housing schemes has also provided a direct alternative to residential care for many people. Officers worked closely with Gateway to determine that it was very unlikely that the need for the type of care provided at Pat Shaw House was likely to do anything other than continue to reduce in the future. It was also established, as a result of work undertaken by Gateway that the physical layout of the building, and limitations imposed by the plot of land on which it is located, meant that there was unlikely to be an economically viable means of adapting the building to make it suitable for providing care to older people with more complex care needs.
- 3.11 The five remaining care homes for older people in the borough, their operators, and current CQC ratings are set out in the table below.

| Care Home | Capacity | Operated by | CQC rating |
|----------------------|-----------------|--------------------|----------------------|
| Aspen Court | 75 beds | HC One Ltd | Good |
| Beaumont Court | 41 beds | Newbloom | Not rated |
| Hawthorn Green | 90 beds | Sanctuary Care | Requires Improvement |
| Silk Court | 51 | Anchor | Outstanding |
| Westport Care Centre | 44 | Excelcare Ltd | Good |

- 3.12 The two care homes which provide nursing care in addition to residential care are Aspen Court and Hawthorn Green. Twenty five of the beds at Aspen Court are nursing care beds, while sixty of the beds at Hawthorn Green have this designation. In total, therefore, eighty five of the 301 beds available in borough are nursing care beds. The remaining 216 are residential care beds, mainly designated as 'residential dementia' beds. This designation indicates that the care provided is designed to be appropriate to supporting individuals with dementia and other complex needs, but who do not require day to day clinical care by nursing staff.
- 3.13 Beaumont Court was previously known as Peter Shore Court, with the name change occurring when Gateway Housing Association sold the care home to Newbloom in April 2018. The change of ownership means that the previous CQC rating no longer applies, hence the current 'Not yet rated' status. Beaumont Court has recently been inspected by the CQC and the Committee will be updated on the outcome of the inspection, and the rating achieved, if this has been published by the 11th of December. The previous rating for Peter Shore Court was Requires Improvement.
- 3.14 Sanctuary Care, who own and operate Hawthorn Green, are in the final stages of selling the property, on a going concern basis, to a specialist care home developer / operator. This sale is scheduled to complete around the end of November 2018, and the Committee will be provided with a verbal update on the 11th of December with regards to the status of the sale process.
- 3.15 The number of residential and nursing care beds in the borough is low in comparison to most other London boroughs. This and a range of other factors combine to mean that the Council purchases a bigger proportion of the overall available capacity than is the norm. The most recently available comparative figures, for October 2017, show that the Council was purchasing the highest proportion of in borough nursing care capacity of any London borough, and the second highest proportion of residential care beds (the only borough with a higher proportion manages its own care homes).
- 3.16 The table at 3.11 above illustrates that of the five care homes for older people one is rated Outstanding, two are rated Good, one is rated Requires Improvement and one is not currently rated, but was previously rated as Requires Improvement.
- 3.17 Given the small number of care homes in the borough it is difficult to draw legitimate comparisons between the mix of ratings locally and those in other local authority areas. For example, nationally two percent of residential care homes are rated Outstanding whereas although there is one care home in the borough that has this rating this equates to fourteen percent for the borough.
- 3.18 Within the Integrated Commissioning division there are a Commissioning Manager and Contract Monitoring officer who have lead responsibility for monitoring and managing the quality of care provided by the five care homes for older people. Care homes are visited annually as a minimum for a full

monitoring visit, with additional visits scheduled in where there are particular issues identified that require a heightened level of monitoring. As an example, recent concerns regarding a range of issues in one of the care homes means that much more frequent monitoring visits are currently being undertaken. The monitoring visits are supplemented by annual and quarterly monitoring returns that the Care Homes are required to submit, and by intelligence gathered from sources such as the Safeguarding service and the Complaints team.

- 3.19 The Commissioning Manager and Quality Monitoring Officer work closely with operational colleagues to ensure that there is ongoing communication regarding quality of care issues so that these can be taken up with the Care Home managers as necessary. The officers also work closely with colleagues in Tower Hamlets Clinical Commissioning Group (the CCG) to undertake joint multi-disciplinary monitoring visits, particularly in the two Care Homes that provide nursing care. This multi-disciplinary approach provides a broader understanding of the quality and safety of care provided and can include, for example, pharmacist oversight of medication management practices and specialist nursing oversight of the quality of end of life care provided.
- 3.20 There is also, within Integrated Commissioning, a Quality Monitoring team whose primary area of activity is home care (see below) but this team can also undertake detailed quality checks with care home residents where this is requested by the Commissioning Manager and Contract Monitoring Officer.
- 3.21 The Commissioning Manager is also responsible for maintaining a partnership approach to working with the care homes and ensuring that they engage with local and national initiatives. As an example of this, the officer is currently liaising with the managers of the five care homes to ensure that as many staff and residents as possible get a flu vaccination, and to ensure that they are taking all necessary infection control measures to minimise the risk of Norovirus outbreaks. Officers host care home forums every two months, which provide an opportunity to discuss key quality issues and to ensure that care home managers and their senior staff are kept up to date with local and national developments that are relevant to them.
- 3.22 Before moving on to cover home care, it is helpful to clarify the nature of the contractual arrangement which exists with the five Care Homes for older people. The Council does not currently have any block contracts in place with the operators of the five Care Homes. All placements are therefore purchased on a spot contract basis, albeit with a common pre-placement contract issued to each home that covers generic contractual issues. This spot contracting approach has the advantage to the Council of there being no risk of paying for capacity that is not being used, which can occur in circumstances where there are block contracts, but does also mean that there is reduced scope to use contractual mechanisms to address quality issues at a whole home level. Work is currently ongoing with a number of the Care Home operators to consider the future commissioning relationship between the Council and each of the Care Homes and this provides an opportunity to look again at the risks and benefits of different contractual options.

Home care

- 3.23 As of the end of September 2018 there were a total of thirty nine home care agencies with registered locations in the borough, one of which is the Council itself in respect of the Reablement Service. The Council currently contracts with six of those agencies, which means that there are thirty two agencies in the borough with whom the Council has no formal contractual relationship, although there are some spot purchased packages of care with a number of those agencies. Individuals who have taken their Personal Budget as a Direct Payment are also likely to be purchasing from a number of these agencies, but the nature of Direct Payments mean that it is not possible to maintain aggregate records of those relationships.
- 3.24 Contracts for the provision of home care were last procured in 2016, with the new contracts coming into effect from February 2017. The new contracts require both that the London Living Wage is paid as a minimum to all staff employed in delivering services under the contract and that Unison's Ethical Care Charter be fully complied with. Contracts were let for an initial three year period with the option to extend for a further two twelve month periods. The initial contract terms therefore expire in February 2020, but can be extended to 2021 and again to 2022. The service specification which underpins the contractual arrangements was reviewed as part of a 2017 peer review of the Directorate's commissioning arrangements undertaken by senior officers from other London boroughs and was noted to be an exemplar of good practice.
- 3.25 The contract structure is based on a number of 'Lots' and is primarily locality based, with the locality arrangements supplemented by a number of contracts for more specialist provision let on a borough wide basis. The four localities around which the main contracts are structured intentionally match the locality structure for primary and community health care and for the organisation of the operational Adult Social Care teams. This co-terminosity is intended to support closer working between a range of health and social care services at a local level, and home care agencies are often a critical component of these multi-disciplinary arrangements. The table below summarises the original overall contractual structure. The status of Lot A (north West) is clarified below:

| Lot | Description | Number of providers |
|------------|---|----------------------------|
| A | The provision of domiciliary care to adults aged 18+ (North West) | Two |
| B | The provision of domiciliary care to adults aged 18+ (North East) | Two |
| C | The provision of domiciliary care to adults aged 18+ (South West) | Two |
| D | The provision of domiciliary | Two |

| | | |
|----------|---|-----|
| | care to adults aged 18+ (South East) | |
| E | The provision of domiciliary care to adults aged 18+ (Chinese and Vietnamese communities) | One |
| F | The provision of domiciliary care to adults aged 18+ (Somali Communities) | One |
| G | The provision of personal care services to disabled children at home | Two |
| H | The provision of respite care at home to informal carers | Two |

- 3.26 The main focus of the remainder of this report is on the contracts that relate to the four localities. These contracts cover in the region of 90% of the overall activity and there are no issues specific to the remaining Lots (lots E to H) that will not be covered by the commentary below on the main locality arrangements.
- 3.27 The table below provides the names of the commissioned providers in each of the eight Lots along with the current CQC ratings and ratings in effect when tenders were submitted in 2016. It is important to highlight that not all of the providers below are delivering their services from registered locations in the borough – in a number of cases the registered location is just outside the borough. Officers are currently working with both Diversity and Unique to ensure that they register separate branches in the borough to enable a more specific focus on quality of care at a local level.

| Lot | Provider | In borough | Current CQC rating | CQC rating at time of tender submission |
|---------------|---|-------------------|---------------------------|--|
| A: North West | <ul style="list-style-type: none"> None (see below) | | | |
| B: North East | <ul style="list-style-type: none"> Diversity Health and Care Ltd | No | Requires Improvement | Good |
| | <ul style="list-style-type: none"> Unique Personnel Ltd | No | Requires Improvement | Good |
| C: South West | <ul style="list-style-type: none"> Apasen | Yes | Good | Good |
| | <ul style="list-style-type: none"> Three Sisters Care | Yes | Requires Improvement | Meeting all standards* |
| D: South East | <ul style="list-style-type: none"> Care Solutions Bureau | Yes | Requires Improvement | Meeting all standards* |

| | | | | |
|---|--|-----|----------------------|------------------------|
| | <ul style="list-style-type: none"> • Excel Care | Yes | Good | Good |
| E: Chinese and Vietnam ese communi ties | <ul style="list-style-type: none"> • Chinese Association and | Yes | Good | Meeting all standards* |
| | <ul style="list-style-type: none"> • Community of Refugees from Vietnam | Yes | Good | Meeting all standards* |
| F: Somali communi ty | <ul style="list-style-type: none"> • Three Sisters Care | Yes | Requires Improvement | Meeting all standards* |
| G: Disabled children | <ul style="list-style-type: none"> • Apasen | Yes | Good | Good |
| H: Carers | <ul style="list-style-type: none"> • Age UK | No | Outstanding | Good |
| | <ul style="list-style-type: none"> • Apasen | Yes | Good | Good |

*Note that there was a change of inspection methodology prior to 2016 which introduced the new rating system described in paragraphs 3.3 to 3.5 above. Prior to this change providers were inspected against a set of standards and a judgement was made regarding whether or not they were meeting these standards, but no overall rating applied. At the time of the tender some providers had been inspected under the new inspection regime, and therefore had an overall rating, while others had not yet been inspected under the new regime. This was one of the reasons why it was not possible to use a benchmark CQC Rating as a Pass/Fail threshold when tendering these contracts.

- 3.28 In the case of Lot A, the North West locality, only two tender submissions were received in respect of this Lot and only one was deemed to be of sufficient quality to enable the awarding of a contract. This was the tender submitted by Careworld London, who had a CQC Good rating at the time of the tender submission. It was agreed via the relevant internal governance processes that in the case of Lot A both contracts for that Lot were to be awarded to Careworld London, with the second contract being awarded for a shorter duration of two years. The intention then being that during 2018 an additional procurement exercise would be undertaken to secure a second provider for that locality.
- 3.29 In the event, however, during the early part of 2018 a range of serious concerns emerged regarding Careworld London's ability to safely deliver the services they had been contracted to deliver. Following a detailed contract management process it was determined that it was necessary for the Council to terminate its contract with Careworld London and this termination process was implemented in August 2018. Careworld London were providing a service to 320 individuals at the time of the contract termination and care for these individuals was reallocated to the providers in the other localities.

- 3.30 The Council is therefore currently out to tender for a new provider to deliver services in the North West locality. The intention is that the procurement be completed and a new contract awarded by February 2019. The procurement process is currently on schedule. This new contract will be let for an initial period of twelve months, with the option to extend for a further two twelve month periods. This means that the expiry dates match those of the remainder of the contracts, hence avoiding any discontinuity when these services are next re-commissioned. Because of this shorter contract duration and the fact that the packages of care that were previously reallocated to other providers in August 2018 will not be returned when the new contract is let, the current tender is to select one provider only. As this provider will only be receiving new packages of care from point of contract award onwards this is not considered to present any particular risks to the Council.
- 3.31 When the new contracts were commenced there were in the region of 2,000 packages of care to be transferred from outgoing providers to the new providers. The move to a locality based model made this a complex undertaking and there were a range of issues that impacted on the process of transferring the packages which meant that the overall transfer process took longer to complete than originally intended. This has meant that the contractual arrangements can be said to have been operating on a steady-state basis for a relatively short period of time.
- 3.32 This has implications for the extent to which the effectiveness of the new arrangements can be properly evaluated, and it is anticipated that a clearer picture will develop during 2019. There is, however, credible anecdotal evidence to suggest both that the locality alignment with other health and care provision is bringing positive benefits in terms of joint working and that the introduction of the Ethical Care Charter has brought benefits for providers in terms of reducing staff turnover (as well as the direct benefits that Ethical Care delivers for care workers).
- 3.33 As with the arrangements for care homes, within the Integrated Commissioning division there are a team of officers who have lead responsibility for monitoring and managing the home care contracts. This team consists of a Commissioning Manager, Commissioning Officer and Contract Monitoring Officer.
- 3.34 Following a recent internal audit of the contract monitoring arrangements in place in respect of the home care contracts a number of changes in these arrangements are in the process of being implemented. These include moving to a standard schedule of quarterly contract monitoring visits for each provider (whereas the frequency of visits was previously determined by a risk assessment approach) and revisions to the quarterly and annual monitoring returns that the providers are required to complete.
- 3.35 One of the key roles for the contract management team is ensuring that where issues or concerns are identified, either as a result of CQC inspection activity, or the team's own contract monitoring activities, that the relevant provider

develops and implements corrective action plans. Ultimately, failure to deliver the improvements identified as being necessary can lead to the provider being in breach of their contract with the Council, which could in turn lead to that contract being terminated. The activity described at paragraph 3.29 is an example of the robust implementation of these contractual remedies.

- 3.36 As noted in paragraph 3.20 above, the Integrated Commissioning division also includes a Quality Monitoring Team, made up of officers with direct experience as home carers and/or home care supervisors. The primary function of this team is to visit, or contact by phone if that is the preferred option, all residents in receipt of a home care service on an annual basis to discuss the quality of the care they are receiving. The team are empowered to follow up any concerns or issues raised during these conversations directly with the relevant home care agency in order that they can be addressed. Follow up contacts are then made to ensure that any identified issues have been properly addressed.
- 3.37 As well as these individual level interventions, the Quality Monitoring Team also aggregate information relating to each provider for use in discussing broader themes with providers as part of the ongoing contract management process. Examples of such themes could include medication management, record keeping, care planning and risk assessment practices.
- 3.38 Again, as with care homes, the Commissioning Manager and colleagues also have a responsibility to maintain and develop a partnership based approach with the providers. This includes fortnightly provider forums at which a broad range of quality and effectiveness matters are discussed. Providers are also encouraged to work together to improve the consistency of practice across the borough and to identify areas, such as staff training, where joint working is likely to be beneficial.
- 3.39 The home care market nationally is generally recognised to be in a fragile state, and there is regular media coverage at a national level of providers in difficulty. Allied Care is one current example of this fragility. Sanctuary Care's decision in 2016 to withdraw from the home care market nationally because of concerns about the sustainability of the market is another example of the fragile nature of the market overall. The Council's past decisions to invest significant growth to deliver London Living Wage and more recently the Ethical Care Charter do, however, mean that at a local level there is higher degree of confidence about the sustainability of services. There remains significant work to do to ensure that every resident for whom home care is commissioned receives the consistently high quality of care that they have a right to expect from the Council. The Council is, however, in a position where that improvement work is being delivered on more secure foundations than is the case in many other parts of London and the country.

4. EQUALITIES IMPLICATIONS

- 4.1 Variations in the quality of care provided by different providers may have equalities implications for those receiving services. There is no evidence currently, however, that within the cohort of people receiving services (either residential care or home care) that individuals with any particular protected characteristic are disproportionately impacted by these variations.

5. OTHER STATUTORY IMPLICATIONS

- 5.1 As noted in the body of this report, both the residential care and home care sectors are the subject of a range of statutory regulations. Oversight of regulatory compliance is the responsibility of the Care Quality Commission. As part of this regulatory framework service providers are required to have a Registered Manager who is responsible for each registered location and a Nominated Individual who is responsible at a senior organisational level for the delivery of care. In larger organisations the Nominated Individual may be responsible for a number of registered locations, while in smaller organisations it is possible for the same individual to hold both the Nominated Individual and Registered Manager roles.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 There are no direct financial implications arising from this report. When the future commissioning of care home and home care provision in the borough is undertaken the financial implications will be considered.

7. COMMENTS OF LEGAL SERVICES

- 7.1. The Care Act places a general duty on the Council when exercising its functions, to promote an individual's well-being relating to their physical and mental health, emotional well-being and personal dignity. The Council must ensure the integration of care and support provision with health provision, if this will promote the wellbeing of adults in this area, contribute to preventing or delaying the development of needs for care and support, or improve the quality of care and support for adults or carers. A person's eligible needs may be met in a number of ways, including residential care, care and support at home or in the community, and by providing the service itself, arranging another provider to provide the service, or direct payments. It is consistent with these duties for the Health Scrutiny Committee to comment upon matters in connection with market shaping and commissioning to provide a market for care and support and to promote a diversity of providers and collaborative working to deliver services.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)**List of “Background Papers” used in the preparation of this report**

List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:

N/A