B&NES Care Services Provider Forum
26 January 2012

the care forum
voluntary sector service

Attended:

Mik Alban	Care and Support South West
Vicky Baker	Headway
Kirsty Boddy	Penderels Trust
Yvonne Bonifas	NHS Bath and North East Somerset
Caroline Bosley	Way Ahead Care
Pam Bourton	Bridge Care Limited
Caroline Burfield	Carewatch Bath
Justine Button	Care Quality Commission
Ena Caddy	Salvation Army
Carolyn Collins	Care South
Tom Craig	St Phillips and St James Residential Home
Minal Desai	Cedar Care Homes
Ash Desai	Cedar Care Homes
Karen Green	Grove Care Residential Home For The Elderly
Mehmet Iltas	Newbridge Towers Residential Care Home
Michaela Knighton	Cholwell House Nursing Home
Belinda Lock	Way Ahead Care
Heather Lowe	British Red Cross
Linda Norley	Grove Care Residential Home For The Elderly
Sarah Oughton	SWAN Advice Network
Dennis Little	Bath and North East Somerset Council
Andy Rothery	Bath and North East Somerset Council
Caroline Round	Bath and North East Somerset Council
Sarah Shatwell	Bath and North East Somerset Council
Angela Smith	Bath and North East Somerset Council
David Smallacombe	Care and Support South West
Helen Storey	Crossroads Caring for Carers Bath and North East Somerset
Pauline Swaby-Wallace	Bath Ethnic Minority and Senior Citizens Association(BEMSCA)
Katherine Tanko	Develop
Nicky Tew	Swallow
Julie Tooze	Cholwell House Nursing Home
Janice Vincent	Independent Complaints Advocacy Service (ICAS)
Sarah Whitfield	Dorothy House Hospice
Bernard Wildsmith	Care Learning
Jill Wlilcox	Swallow
Roy Woods	Action on Hearing Loss
Mary Woolley	Penderels Trust

Apologies:

Kevin Fairman	Action on Hearing Loss
Julia Hedley	BUPA
Donna Thomson	BUPA
Damaris Howard	Freeways Trust
Cath Jarvis	Sirona Care and Health
Zoe Kelly	Care South
Ian Pope	Hillsborough House
Nicky Tew	Swallow

Sarah Shatwell, Associate Director, Non - Acute & Social Care

http://www.thecareforum.org/assets/files/Volunatry%20Sector/Presentations/Banes/Care%20Providers%20Forum%20FINAL%20260112.pdf

Context for social care providers - Sarah mentioned that some providers would be having separate conversations about contracts. Across all client groups, the way that social care is being done is two thirds in the residential sector and one third in the community sector. The strategic aim is to shift the balance and support more people in the community. Choice and flexibility are increasing, so are costs.

Q: Did you say that 65% are eligible for personal budgets?
A: Everyone not in residential care or extra care is eligible for a personal budget, if they are eligible for social care.

Q: What proportion is the council not involved in?
A: Probably about 20% manage things completely on their own.

Regional cost model - The cost model has been developed jointly with a number of local authorities regionally. There is the facility within the model to do some adjustments. Each cost driver can be set at a certain level.

Q: Is there a reason why the care funding calculation was not used?
A: Some of the other cost models have fixed costs. This model gives us the flexibility to recognise individual circumstance in individual homes.

Q: Has anything similar been done for domiciliary care?
A: No. If this model works, it could be replicated within domiciliary care. It is populated by our local data. That would be an interesting idea. We have a good model here and thank all the care homes who sent data for taking part.

Q: Are there 38 care homes in the B&NES area?
A: No, it was 38 care homes that responded across the local authorities that took part. There are 13 in B&NES.

Q: It would be useful to see the percentages, that is the percentage of those who responded in relation to the total number of homes across the areas.

Q: Is the element of profit left out?
A: No. As part of the development of this model, there was a collection of providers' narratives.

The council asked about profit and had very different answers in terms of homes percentages. As a commissioning authority, we need to take a view. We are also working with partners about reasonable levels of occupancy and feeding that into the model, too. We are asking for a process of engagement and would like to agree some principles. The way that the council's budget is set, inflation goes along with efficiency. There is a responsibility to take a targeted approach. Personally, I don't think a blanket approach is appropriate.

Q: What is the timing of this? When will you get to the point when you say: "the uplift fee will be"...
A: We have been doing thinking and planning before today. This needs to be sorted out before the beginning of April.

There are two key things:

1. Agreeing published rates.
2. Agreeing how those rates will be applied.

Q: In some of the judicial reviews, there are systems where they are obliged to share with providers how commissioners got to where they go to.
A: That's what we're doing today.

Justine Button, Care Quality Commission (CQC)

Justine began by inviting participants to let her or Ronnie know if there are any subjects they would like her to talk about at future meetings. Over the last few months, CQC has been merging into four regions, south west is to merge with the south. It is a big region, but you shouldn't notice any difference on the ground. Some of the teams are being reconfigured. Inspectors will be more likely to inspect homes nearer to where they are based.

Twelve reports were published on the CQC website in January focusing on learning disabilities and older people services. One of the main concerns is that people with learning difficulties are not involved in care plans and a lot of care plans are not in an accessible format. Also there is a lack of understanding from staff about safeguarding.

There is information on the CQC website for staff on how to raise concerns – 'whistleblowing'. CQC is trying to make the information gathered from inspections more accessible to the public, in a snapshot. On the website, green ticks and black crosses have been used to show the areas where providers are compliant or not. Once a review has been done and the outcomes have been looked at, a green tick means compliance. A pilot scheme has been running to consider what is looked at within inspections. When the inspection programme started, they looked at 16 outcomes. They decided it would be better to focus on six within these 16 outcomes. These 6 will always include outcomes 4 and 7 ('care and welfare' and 'safeguarding') but the other outcomes looked at will vary. This has been done for the last six months and has worked well and is likely to become standard practice from 1 April this year.

Q: The crosses on the website could show non compliance, but five days later a home could have done the work and be compliant.
A: If you get a compliance action, a black cross, you will usually have another inspection in three months. You can also comment on the draft report.
A: Sarah: from a commissioning point of view, the black cross is an incentive to make improvements.

Q: You could be compliant, but there might be a delay in updating the website.
A: You need to feed those issues back to CQC.

Enforcement action is different, legally we have to give you the right to appeal. It is up to the inspectors' discretion which outcomes they look at. They will always look at 4: care and welfare and 7: safeguarding.

Sarah: There is also intelligence sharing. We meet every other month.

Q: Is the pilot still running?
A: Yes. The feedback so far is positive. If you have a comment, it's still open.

We have started inspections of dentists and will have done 150 by the end of March. There are "tell us your experience" forms on the website, which can be completed by staff, relatives and service users. That information is not published. It is a new scheme and we will see how it goes.

Q: It gives care home providers the feeling that they are being watched by everyone. There is an intelligence exchange, but we don't know what is being exchanged and that seems harsh. How do you gather intelligence about NHS hospitals? We're never asked for feedback about hospitals. Care providers have a very big part as stake holders in health and social care. Why not ask us about how well the local authority is doing? We don't have a voice.
A: You can feedback on hospitals.

Q: How can you take comments like those made on those forms seriously? It should be more formal.
A: You can raise any concerns through us. For example, if someone comes to you from hospital, you can raise concerns through the CQC or with the local authority. The CQC is responsible for both hospitals and homes. There is now a clear flow of information.
A: There are also independent advocacy services, ICAS, and B&NES LINk.

Q: What about day care?
A: There are no plans as yet to regulate day care.

Q: There is a box against us as providers. Where are you safeguarding the content? It could be someone wants to cause us all work.
A: On a lot of complaints, people don't put their names, so it is very difficult to follow up. You do consider motives. I would phone the provider to get a balanced view. It is considered within the whole picture of your service.

Q: Does it get deleted?
A: It stays in the system and is taken into context.

Q: Are annual inspections starting again?
A: Yes for social care. Health and social care will be annual and dentists bi-annual.

Ronnie mentioned that Damaris Howard from Freeways is the elected voluntary sector representative representative on the B&NES safeguarding board and copies of her report had been brought to the meeting. The Care Forum and Develop have developed a model safeguarding policy for smaller organisations.

Dennis Little, Safeguarding and MBA Coordinator, B&NES Council

There is a safeguarding adults page on the council's website and the annual report 2010-11 has now been signed off. Safeguarding has political prominence and there is a drive to get specific safeguarding legislation. The possibility of the local authority having a duty to investigate has been suggested. There is a safeguarding adults awareness presentation on the council website which could be used with staff. There are criteria for when something becomes safeguarding. There is a consent policy. If going down the safeguarding route with someone, their consent should be sought. Locally, between April and November 2011, there were 253 referrals. In the whole of last year, there were 300. They are on course now for 400 this year. The majority of referrals this year are from social care staff. The second biggest numbers is from residential care staff. Arrangements have slightly changed in B&NES since the provider of health and social care staff became Sirona. The council wanted to retain some responsibility for Sirona. Referrals are still made in the same way. If it gets to a strategy meeting, someone from the council will chair the meeting. Any actions have to be agreed by the council. Also, if it is being closed, it has to be agreed by the council.

The Safeguarding Adults Annual report, the guidance on Safeguarding Criteria and Thresholds and the multi-agency Safeguarding Adults Consent Policy can be found on the B&NES LA website under 'Safeguarding Adults Policies and Procedures' at:
http://www.bathnes.gov.uk/healthandsocial/SafeguardingAdults/Pages/SafeguardingVulnerableAdults.aspx
The Safeguarding Adults Awareness Presentation can be found under the heading 'Related Documents' at:
http://www.bathnes.gov.uk/healthandsocial/SafeguardingAdults/Pages/default.aspx

Q: What about alerts from domiciliary care providers?
A: That has been very low. Seven out of 253, but domiciliary care providers themselves say they raise more than that and this needs to be looked into further.
Angela: Sometimes and alert is not recorded under domiciliary care.
A: Agree that how an alert is recorded needs to be considered. For example if a worker in domiciliary care has raised an alert with social care staff, it can be recorded as a social care alert.

Everyone is reminded of the need to be vigilant and make Deprivation of Liberty safeguarding alerts. It is improving, but it still is below the number of DoLs alerts that are expected. Some of the factors which might indicate a DoLs issue are: i) if the person is objecting to being there ii) if a relative is objecting iii) If asked to limit restricted contact between someone and their relatives iv) If someone is subjected to more restrictions than others or there is frequent use of physical restraint. There is a tipping point on restraint becoming deprivation. The council is currently updating a check list on the DoLs page of the website.

Information Share

- Bernard Wildsmith, Care Learning. When NVQs are completed, funding can be claimed back from the workforce development fund and the deadline for applications has been extended to 16 March. If anyone is unsure about the new qualifications, there are two workshops being run in the morning on 6 and 7 March at Kingswood and Weston College. There is a Care Learning newsletter and an annual conference on leadership will be on 28 June at Ashton Gate Stadium. For more information see www.carelearning.org.uk or phone 0117 973 3695.

Evaluation

What was the most significant outcome of the event for you?

- Fee structure
- CQC update and safeguarding information
- Constructive and useful contact with the council, CQC and other providers
- More information about the council's approach to care homes and domiciliary care funding
- Networking
- Fee update/uplift
- Initial presentation
- All very informative or useful
- Networking, sharing experiences

Do you have any suggestions regarding topics/speakers for future meetings?

- More CQC updates
- Annual updates on funding and CQC updates
- CQC longer/focussed sessions

- Too many speakers
- Feedback from group activity
- Feedback from fee discussions

Are there any other comments you would like to make?

- It should have given much more time to provide the facts
- Really interesting and informative morning. Thank you
- This meeting is always worth attending. Thank you
- Really useful session. A little more room would have been good
- Room too cold. Speaker from CQC majored on care homes and not other providers
- Didn't find the discussion useful - poorly organised and not appropriate for voluntary and community sector organisations
- No milk for second drink. Cramped.

Content	Average mark (out of 5)
Understanding of subject at start	3.3
Understanding of subject at end	4.1
Sessions	
Speakers	4.1
Other elements	3.3
Organisation	
Pre-event information	3.5
Facilitation	3.8
Organisation on day	3.5
Venue	
Access	4.0
Refreshments	3.8
Standard of room	3.7

Next Meeting

Thursday 26 April