



What is this about?

During our engagement about the future of local health services in North Staffordshire and Stoke-on-Trent, we have heard concerns about the quality of care provided for NHS beds in care homes which are commissioned by the clinical commissioning groups (CCGs).

We have listened to those concerns and hope that this document helps to explain how we monitor the quality of care provided.

Some older patients go into hospital for treatment and when they recover to a stage where they no longer need medical care such as drips or specialist treatment, they should be discharged. But often, they are not able to go home without help with day-to-day tasks such as washing, dressing, toileting or making their own meals. They may also need ongoing support such as physiotherapy and they may need equipment such as hand rails and mobility aids. This can be particularly difficult if they live alone.

After being medically discharged, they need to be assessed for their ongoing care needs and if this doesn't happen quickly, they can become trapped in a hospital bed –bed blocking. During this time, their physical and mental health can worsen – this is known as deconditioning.

One way the NHS is tackling this issue locally is to pay for a limited number of patients to stay in a local care home whilst they are being assessed.

But to do this the NHS needs to be sure the care home provides a safe and appropriate environment. That is the purpose of a Quality Inspection.

How do we monitor quality?

All registered care homes are subject to regular inspection by the Care Quality Commission (CQC). They carry out visits and publish their findings on their website.

In addition, if the care of residents is being paid for by the NHS it will have additional checks by the specially trained NHS Quality Team –the team are experienced nurses and staff who make sure that the quality of care being delivered meets the standards stipulated in the contract.

They will inspect the entire home, even if only a single resident is being paid for by the NHS. The inspection isn't just about the physical condition of the home, or whether the food is good enough. It is also about the standard of leadership and management, whether staff are correctly trained and if there are enough of them. The inspection is thorough and systematic.

There are even checks on the home's financial position, as poor finances could compromise standards of care.

There are checks to make sure that when a patient leaves hospital all the correct information comes with them such as what medicines they take, their physical ability or what physiotherapy they need.

The NHS Quality Team doesn't work alone. Local authorities (councils) also have Safeguarding and Quality Teams who undertake monitoring visits. Increasingly NHS and Council teams co-operate, especially around sharing concerns at an early stage.

HealthWatch volunteers also make visits to check on the standards of care.

What if there are concerns about a home?

The Quality Team can make unannounced inspections if there are concerns, which can include:

- Intelligence passed on by a health or care professional. Every resident has a registered GP. Increasingly GP practices are becoming affiliated with care homes and Advanced Nurse Practitioners are attached to them
- An anonymous phone call or rumours in the community can trigger an inspection. Anyone can report a concern to the confidential Patient Advice and Liaison Service on freephone 0800 030 4563. There also special hotlines to report elder abuse in Stoke-on-Trent (0800 5610015) and Staffordshire (0345 604 2719)
- Quality teams access a range of data. If there is a rise in the number of patients being admitted from a care home to hospital, particularly by ambulance, that could be a warning sign and is thoroughly checked. There is a special project to work with the care homes who send the most patients to hospitals, to see if difficulties can be spotted and managed earlier.
- If there is a safety concern, it is 'red flagged' so that the person is closely monitored. We take this very seriously. An example would be a resident being admitted to hospital suffering from a pressure sore.

Should the NHS be using care homes at all?

Our priority is to get patients out of a hospital bed as soon as they are well enough. It doesn't matter if they are in a large, busy hospital like Royal Stoke or a smaller community hospital rehabilitation bed.

However good the care it will largely be based around beds in wards with limited visiting times, without patients having their own belongings and familiar objects, limited choice of food and not much to occupy them. Patients can quickly suffer deterioration in physical condition and lose their independence.



Ideally patients would go straight from hospital to their own home with an appropriate package of care in place.

If this isn't possible, in a limited number of cases a stay in a care home is appropriate. They are more homely than hospitals. Residents generally have their own en-suite room, a TV, personal possessions, access to social events and no restricted visiting.

There is an ongoing target to increase the number of homes that are Good and Outstanding and further work with the market is planned to realise this.

Recognising the concerns raised by stakeholders regarding the quality of care homes, we have outlined a number of mitigations that will be in place to ensure quality meets required standards:

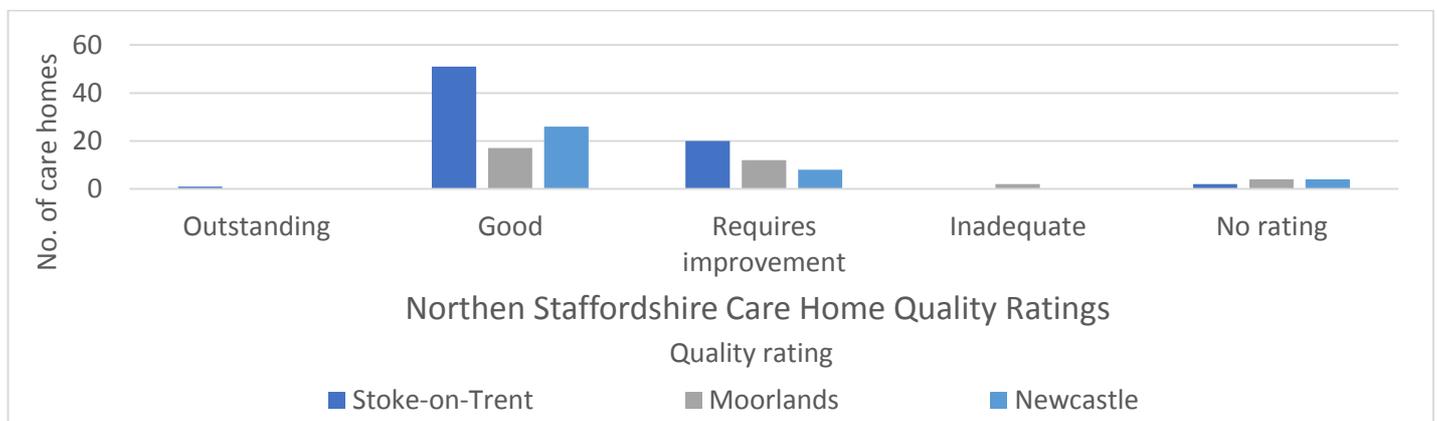
Prime provider - CCGs under the option of commissioning care homes would look to procure capacity through a prime provider model with Midlands Partnership NHS Foundation Trust (MPFT) as the lead provider for the entirety of the commissioned bed base – meaning NHS standards and quality metrics would be wrapped around service provision and reported back to the CCGs via monthly Clinical Quality Panels.

Some facts and figures

Table 1: Total number of care homes (residential and nursing) and total bed numbers in North Staffordshire and Stoke-on-Trent.

Locality	Outstanding	Good	Requires improvement	Inadequate	No rating
Stoke-on-Trent	1	51	20	0	2
Moorlands	0	17	12	2	4
Newcastle	0	26	8	0	4
Total	1	94	40	2	10

Table 2: Quality ratings for care homes across North Staffordshire and Stoke-on-Trent



The NHS will only commission beds in care homes which are rated Good or Outstanding