CARE HOME AND PLACEMENT ASSURANCE POLICY

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CCG Standards for the Selection and Spot Purchase of Placements.

INTRODUCTION

This policy serves to lay out in clear and transparent terms the procedures and assurance requirements of the CCG and its partners for spot purchasing placements. It does not replace however any of the contracting and funding requirements set out in the Operational Policies and does not act as a substitute for the CCG making rational and fair decisions on a case by case basis.

The CCG must be confident in the services it commissions as, regardless of patient capacity and choice, it retains both a responsibility and an accountability towards the welfare of any Sutton patient whose care the CCG is funding or assisting to secure.

Specifically the paper relates to the purchase requirements of:

1. Placements the CCG funds in full.
2. Placements that the CCG majority funds in conjunction with another organisation, which will usually although not exclusively be London Borough of Sutton (“LBS”)
3. Placements which the CCG substantially funds i.e. Placements which are majority funded by another organisation, but where 25%+ of funding is from the CCG (excluding any FNC funding).

Such placements are generally purchased from the Private and Voluntary Sector, but these services may also be registered as charities, or conversely come under an NHS Trust. As such, they may be considered to be Supported Living, Residential Homes, Nursing Homes, Hostels, Rehabilitation Units, Recovery Units, Hospital Registered or any other service which provides bedded care.

The paper concerns:

1) Patients who have been assessed as meeting the criteria for continuing health care funding and are reviewed by the Continuing Health Care Team (“CHC”)
2) Patients with mental health issues, whose placements are funded under Sec 117 of the Mental Health Act and reviewed by the Mental Health Complex Care Clinical Recovery Manager
3) Patients with learning disabilities (“PLD”) and conditions including Autistic Spectrum Disorders whose placements are reviewed by the Health Commissioning Manager or Clinical Health Team for PLD
4) Any other patient aged 18 or over who is residing in any form of staffed accommodation and whose care is being funded by the CCG

It does not however include

1) Patients who are aged under 18
2) Patients who are not funded by the CCG
3) Patients who are only funded by the CCG under NHS-funded nursing care (“FNC”), as when the CCG provides FNC (at either the standard or higher rate) this provision is made to fund the nursing needs of the patient only, not the care and accommodation needs of the patient. The commissioning arrangements for the placement itself will therefore have either been made by social services or by way of private arrangements.
MISSION STATEMENT

CCGs spot purchase care in placements for their populations in both local and out of borough care homes / care providers. The CCG is committed to complying with its responsibilities to ensure that the care commissioned for this population is consistently of good quality, is safe and is sustainable.

The nature of CCG funding criteria means that patients entitled to such funding streams will have complex needs, and require therefore a level of expertise, knowledge and skills on behalf of the professionals delivering care to them. As such a higher level of assurance is required to ensure safety and quality of provision, than might otherwise be anticipated.

The CCG has mechanisms in place to link and triangulate data from different sources (e.g. CQC compliance managers and inspectors, local acute service provisions, community nursing, London Ambulance, pharmacists, GPs and LBS) with regards to quality assurance, quality concerns and safeguarding issues under the wellbeing agenda.

The CCG is committed to working in partnership with LBS and to ensure that the systems in place for commissioning placements in care homes are in line with the Care Act 2014:

- Empowerment – Presumption of person led decisions and informed consent
- Prevention – It is better to take action before harm occurs
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented
- Protection – Support and representation for those in greatest need
- Partnership – Local solutions through services working together and with their communities.
- Accountability – Accountability and transparency in delivering safeguarding

STANDARDS:

Both the NHS Constitution and The Care Act 2014, recognise the importance of patient choice. Under Section 14V of the NHS Act 2012, the CCG must act with a view to enabling patients to make choices with respect to aspects of the services provided to them.

The CCG will commit therefore to offer, wherever possible, real choice to patients and their families / interested others, by advising on suitable facilities in their chosen area which they can visit and select from. The CCG however acknowledges that choice may be limited in some circumstances, such as when a placement needs to be made urgently, where the location requested is out of the local area, when care homes are over-subscribed, or when specialist care is required.

If a placement has however been identified that the family objects to, the CCG will consider their concerns and objections in any event and seek to find an alternative if appropriate.

In the absence of the patient having capacity to make decisions regarding his or her placement, and there being no person with relevant legal authority, such as a deputy appointed by the Court of Protection or an attorney appointed pursuant to a registered Lasting Power of Attorney to consult with, the CCG will act in accordance with the processes set out in the Mental Capacity Act 2005 in consultation with interested parties as appropriate and will seek to secure for the patient an independent advocate as required.
CARE QUALITY AND FINANCIAL CONSIDERATIONS

The CCG has a public and professional duty to make decisions based on a two stage determination:

i) a quantitative decision with regards to if the placement provider identified is proposing to provide a service at reasonable costs against the care needs of the individual, and

ii) a subsequent qualitative decision as to whether the placement is safe and appropriate to meet the individual’s care needs.

The CCG’s accountability both towards the ongoing safety of the individual patient and to the public purse therefore means that it will not fund a placement that:

a) it does not consider to be appropriate,

b) cannot evidence an understanding of the patient’s needs, or of how to meet those needs

c) where it has sufficient concern regarding quality, safety, care or leadership which remain outstanding,

d) fails to offer value for money and therefore be comparable in cost with similarly registered providers offering similar care services that can meet the individual’s specific care needs

This is regardless of patient’s choice / family request.

Determinations with regards to value for money will take into consideration**:

1) Whether the provider provides a service in line with nationally recognised AQP rates

2) The cost of equitable care that is provided at similarly registered provisions local to the provider being considered

3) The specific care needs of the individual patient – it is recognised that patients with exceptional or extraordinary needs may require a higher level of care or specialist expertise that would warrant a higher care price point

Determinations with regards to quality will include the following being taken into consideration**:

1) Recent and historic as appropriate CQC inspection reports

2) Evidence of procedures around safeguarding and application of the Mental Capacity Act 2005

3) Evidence of compliance with and understanding of the Deprivation of Liberty Safeguards

4) Arrangements for medication management

5) Infection control procedures, food hygiene ratings and the general cleanliness of the service

6) Staffing levels, recruitment procedures and staff training

7) Provisions within the home that indicate a personalised approach to the delivery of care

8) Activities provided within the home and supported within the community as appropriate

9) AQP registration as this indicates an adherence to nationally determined care specifications

10) Arrangements for management and leadership together with provider oversight as appropriate

11) Information which the CCG or its partners may have in relation to any local authority “embargo” on making further placements at the relevant service

** These lists are not exhaustive and no single factor should be taken as being determinative of a decision to agree or not to agree placement funding
In the event of an individual entitled to CHC funding, wishing to reside in a service that falls outside of AQP rates, the CCG will not enter into any agreement whereby the individual provides a “top up” payment. Any additional services which the individual may wish to purchase, which must not already form part of the NHS CHC package, ought to be arranged and contracted for separately from NHS contracts for NHS CHC services. The CCG will ensure that the guidance set out at paragraph 99 of the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care is fully adhered to in its commissioning arrangements.

Where the CCG declines agreement to secure a particular placement it will commit to being transparent as to the reasons for this, i.e. if the refusal is based on care quality considerations or financial ones and provide additional detail as appropriate.

**ASSURANCE REQUIREMENTS**

1) All services purchased, other than mental health supported living, must be registered with CQC for the category that most closely relates to the service they are providing. Those which are to be funded by CHC should also be AQP registered unless there are exceptional market or other reasons (e.g. family residing out of area).

2) Any care home / facility not previously used but which is being considered for a CCG funded spot purchased placement under CHC or a CCG majority funded placement under Section 117 of the Mental Health Act 1983, whether in borough or outside must be visited in person and quality assured on by completion of the standard assurance tool by a registered nurse, occupational therapist, physiotherapist or social worker of the CCG ahead of any placement being considered. This is regardless of whether the home is owned by a company already known to and utilised by the CCG or not. CQC reports, both current and historic may be used to support assurance but must not be used to provide this in its entirety.

3) Assurance of both new and established Sutton-based services will otherwise be led by the Quality Assurance Team from Category Management (LBS). The CCG will however offer full support as requested / required.

4) Where possible, placements should be made that are within London Borough of Sutton or in immediately neighbouring areas. Exceptions to this may include where interested and appropriate persons who are actively involved in the patient’s life request that a placement is made local to where they live so that they can visit more regularly, or where the patient themselves has reason to request a service out of area.

5) Subsequent to new establishments opening, no placements should be approved until such time as the CCG and its partners (i.e. LBS) are satisfied that the provider is delivering good care, with appropriate levels of suitably trained staff. This includes new homes / registered services that have been opened by otherwise established providers. During this period it is however imperative that the CCG and relevant partners seek to establish a relationship with the home so that quality assurance can be gained around staffing, leadership and care in the meantime.
6) The CCG should also seek information from CQC during this period as to when they are going to first inspect. Ideally a placement should only be made once the CQC have undertaken an initial visit.

7) The CCG and its partners may, in certain appropriate circumstances, decide not make a placement in a facility or with an organisation where ongoing and / or unresolved concerns have been identified. The CCG may, in certain appropriate circumstances, make such decisions on ‘soft intelligence’ received when this is supported by verifiable information or pending further enquiries or investigations as appropriate being made.

8) Any concerns identified should be reported to CQC and raised contemporaneously as a safeguarding or quality alert with the authority local to the placement as appropriate and / or at the Joint Intelligence Group if in the Sutton area as appropriate.

9) In the event CQC inspections identify a service as “Requires Improvement” either overall or in any single domain, the CCG and its partners may decide to make no new placements there until such time as any improvements required have been evidenced as having been not only implemented but fully embedded. New placements will not be made into any home that CQC has inspected as “Inadequate” in any domain, regardless of whether placements have been made there before or not until such time as improvements have been evidenced as embedded.

WHERE CONCERNS ARISE POST PLACEMENT

In the event of concerns being raised with regards to the safety and care of any provision, however registered, that Sutton CCG has funded a placement in, whether in borough or out, additional checks and balances should be made:

1. For in borough placements the CCG in conjunction with LBS will agree a systematic review of the placement per se and of all residents (including those who are self-funding) to clinically risk assess.

2. For out of borough placements the appropriate CCG team / personnel will be expected to confirm the clinical risk status for each resident it funds and undertake a new clinical review if the last assessment was over 6 weeks old.

3. Where the CCG has existing patients placed in any facility, which has been deemed as “Requiring Improvement” or “Inadequate” by CQC or where significant concerns have been identified, consideration may be given to moving the patient to an alternative facility, however this would be on a case-by-case basis. Decision making would be undertaken in compliance with the processes set out in the Mental Capacity Act 2005, and in adherence with the guidance set out in the Mental Capacity Act Code of Practice. Factors which will be taken into account when determining the patients best interests in these circumstances will include, but not be limited to:
   i. The patient’s wishes and the wishes of interested and appropriate parties
   ii. The patient’s immediate safety
   iii. Any measures taken by the provider to protect the patient

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REVIEW OF DECISION WHETHER TO COMMISSION A PLACEMENT

Placements may be made for patients and funded by the CCG on a without prejudice basis prior to a decision in relation to eligibility for CHC funded care being made, pending further assessments being undertaken. All placements will be periodically reviewed by appropriately qualified professionals from the CCG to ensure that the required standards of care are being maintained and the patient remains both appropriately placed and funded via the appropriate funding stream.

When either an individual or an individual’s representative disagrees with the CCGs decision in relation to whether it is prepared to commission a particular placement, they can apply for a review of the original decision to be undertaken by senior managers of the CCG who were not involved in the original decision making process. Such reviews can be considered regardless of how the request was made, i.e. in person, by telephone, in writing or electronically.

Subsequent to review, the senior manager concerned will write to the individual or the individual’s representative, confirming the outcome of their review and the reasons for the decision. This will ordinarily be within a period of 20 working days, but may be longer if the complexity of the review warrants this or key personnel are unavailable.