

MIDDLESBROUGH COUNCIL

SCRUTINY REPORT

ADULT SOCIAL CARE & SERVICES SCRUTINY PANEL

5TH November 2018

NURSING CARE HOME MARKET

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Summary

This paper provides information in regard to the nursing home sector across Middlesbrough addressing both older people services, mental health and learning disabilities. It will provide the context of the current market, and discuss issues relating to the workforce, fees and quality of provision.

Introduction

The responsibility for the delivery of nursing care remains with the NHS, delivered locally through South Tees Clinical Commissioning Group. For clarity the definition below confirms the stipulation of Funded Nursing Care:

‘NHS-funded Nursing Care’, introduced in October 2001, is the funding provided by the NHS to care homes providing nursing, to support the provision of nursing care by a registered nurse for those assessed as eligible. If an individual does not qualify for NHS Continuing Healthcare, the need for care from a registered nurse should be determined. If the individual has such a need and it is determined that the individual’s overall needs would be most appropriately met in a care home providing nursing care, then this would consequently lead to eligibility for NHS-funded nursing care. Once the need for such care is agreed, the CCG’s responsibility to pay a flat rate contribution to the care home towards registered nursing care costs arises.

The registered nurse input is defined in the following terms:

‘services provided by a registered nurse and involving either the provision of care or the planning, supervision or delegation of the provision of care, other than any

services which, having regard to their nature and the circumstances in which they are provided, do not need to be provided by a registered nurse’.

(NHS-Funded Nursing Care Practice Guide 2013 revised – DoH)

Within Middlesbrough South Tees Clinical Commissioning Group discharge some of its functions to Middlesbrough Council for Funded Nursing Care. Middlesbrough Council therefore administer the Funded Care on behalf of the CCG through an agreed section 75 agreement, in addition as part of that agreement the Council will also monitor the quality of the Nursing Home sector as many of the care home provisions are dual registered.

The Care Quality Commission are the statutory regulators of the Nursing Home market, they remain responsible for registration and adherence to quality standards.

Evidence / Discussion

Market Capacity:

Mental Health Provision – The Avenue Community Mental Health Nursing Home has 13 beds. The average age of the residents is 59. The residential rate is £439.21 per week, the nursing element bring the rate to £597.37 per week. This is not a purpose built home.

Stainton Lodge Specialist Mental Health Residential & Nursing Unit – 14 beds. Weekly cost is £1,240.26. The service is designed to take people with functional mental health illness, complex needs and challenging behaviours. Currently has 8 Middlesbrough residents and 6 out of area placements

Regent House Mental Health Unit – 17 beds. This is a residential unit that has a registered mental health nurse on duty 24/7 who can administer medication. Weekly cost £772.50. This tends to take younger people with functional mental health needs.

Learning Disabilities – Middlesbrough has very limited provision, it has no directly commissioned services for learning disability nursing services. The only nursing provision locally is not commissioned by the local authority. Danshell have provision for highly specialist learning disability needs. It is 8 beds and costs have been quoted as up to £12,000 per week. There were no placements at the home at the last point of enquiry in September.

Older Persons Nursing Homes – The table below shows the current provision in Middlesbrough. It is important to note that many homes are now dual registered and therefore the beds can be utilised for either residential clients or nursing clients dependent upon demand.

Nursing Home	Dual Registered Y/N	Number of Beds	Quality Grading
Ascot Nursing Home	Y	33	4
Apple Mews Care Home	Y	43	2

Aster Care Home	Y	81	3
Bramble Lodge Care Home	Y	41	3
Linthorpe Nursing Home	Y	28	3
Ormesby Grange Care Home	N	25	2
Parkville Care Home	N	37	4
St Mary's Nursing home	Y	40	3
The Gable Care Home	N	32	3
The Willows	N	42	3
Tollesby Hall Care Home	Y	55	4
Victoria House Care Home	N	31	3
Westmoor View Care Home	Y	36	1
Aster Care (Young Adults)	N	21	3

Middlesbrough has more nursing capacity than neighbouring authorities and is a net importer as a result. Occasionally Middlesbrough local authority has had to block book nursing beds to ensure local capacity is available for Middlesbrough residents i.e winter pressures, nursing home closures.

Currently, figures as at 30/10/2018 Middlesbrough has 178 FNC clients in pay.

Workforce:

The lack of available nurses is a national issue, which led to nurses being added to the government's shortage occupation list in 2015. The turnover of registered nursing staff in the care home sector is high and according to the Mazars report in 2016, more than half of nurses have been employed in their current role fewer than three years. Locally discussions with the care home sector reports that the availability of registered nurses locally is a key issue. Agency use for registered nurses can be extensive and is on the increase. This can create significant financial pressure on nursing homes due to the high agency rates being charged. Care home providers will usually use agency as an option of last resort and try to minimise agency use to both avoid cost and also the impact agency use can have on the quality of care.

The competition from the NHS to attract nurses is a key feature. This has created a suppliers market to some extent with nurses being able to influence pay levels and exercise considerable choice in terms of the sector they wish to work in and the shifts they wish to cover. This is further compounded by reports indicating that

nurses are choosing to work on an agency basis for greater flexibility and better financial reward. Overseas recruitment has become an important element of supply to the social care sector however uncertainties around Brexit are presenting some additional future challenges.

CQC has voiced some concern regarding use of agency nurses and links to quality of care. Continuity of care is not assured, agency staff are not well versed on a care homes policy and protocol and do not know the residents needs well. There is no national guidance on required safe staffing levels in nursing homes, as difficulties continue to arise for providers in attracting good quality nurses the risk arises that more and more operators will consider changing registration status to residential only.

Locally, across the region we have looked at an online tool named Florence. This application, designed by a surgeon, seeks to link nurses, primarily in the NHS to nursing homes which have available shifts. It helps to build relationships between the local nursing home market and the local workforce to assist those nurses wishing to pick up additional shifts, but by developing such relationships it builds continuity of care and provides better economies for the provider through improved ways of working.

In addition to availability of workforce, skills shortage can be a further issue. Nurses within Mental Health or Learning Disabilities will not necessarily be hands on care, or clinical skills and therefore this can be problematic in ensuring the workforce is appropriately skills and clinical skills are kept up to date.

Fees:

The Funded Nursing Care is paid by the NHS as a flat rate fee per week. This is a national rate and was reviewed by Mazars in 2016. Following its review in 2016 the rate was increased from £112 per person per week to £156.25, when the final report came out on 01/04/2017 it was reduced down to £155.05. It has subsequently increased again to £158.16 per week which is the current rate. It is expected to increase again next April. There is a higher band rate, however no-one in Middlesbrough qualifies for the higher band.

The local clinical commissioning group will only fund the FNC for nursing home provision in additional to the residential rate. Locally the North Tees clinical commissioning group pay an enhanced rate to providers for nursing care recognising that that FNC rate does not cover all the costs of delivering nursing care.

Historically South Tees CCG previously paid an allocation of continence care of £5 per week. They stopped this payment with no notice to care home providers when the Mazars review was concluded. Mazars were clear that their review did not include costs for “disposables”. However to date the CCG has refused to reinstate any payment to the local nursing home sector. South Tees CCG has commissioned a continence service, which provides products to residential homes, however they do not supply to nursing homes. Therefore currently nursing homes are having to meet the cost of this themselves. This issue remains unresolved.

Mazars produced a detailed review on the NHS funded Nursing Care rate in England in 2016, this was commissioned through the Department of Health.

Quality:

The Care Quality Commission are the regulator for all care homes, including nursing homes, however the local authority has contracts in place with all the care homes, with the exception of the learning disabilities nursing home. As such Middlesbrough Council will undertake contract compliance monitoring visits to the nursing homes, and has an agreed compliance tool in place with the CCG to undertake these assessments. In addition as part of a Better Care Funded project, we work alongside a medication audit team from NECS who will accompany our contract monitoring officer to complete medication audits. The table outlined above shows the quality grading for the older persons services based on their last quality grading.

For 2017/18 the average contract review score was 76% which was an increase of 1% from the previous year.

The Better Care Fund project for medicines management has significantly helped to improve the administration of medication in the care home sector and reduced the number of medication errors, this is particularly relevant when utilising high numbers of agency staff. The project will review process and procedures within a home and identify where potential errors may occur. This has been highly beneficial when considering the use of agency staff across the sector.

The Future – Questions

There are a number of issues currently outstanding which the commissioning team will need to focus on over the next few years these are:

- 1) The learning disability nursing home market – the capacity in Middlesbrough is nil. We need to develop an appropriate local market, particularly having a view around Transforming Care. However building local capacity presents difficulties in regard to CQC registration which limits registration to a maximum of 8 beds, fee structures, and availability of LD nurses.
- 2) The unsustainability of Nursing home market linked workforce and fees
- 3) Career pathways and progression for nurses, and the challenge or not of Brexit to the current workforce