



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 SEPTEMBER 2021

CARE HOME QUALITY

REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of the report is to provide an overview of quality for care homes in Leicestershire, and to describe how the local authority supports care home providers to sustain safe care, and to develop the quality of care.

Policy Framework and Previous Decisions

2. The activities described within this report are underpinned by the Council's Strategic Plan and the Adults and Communities Department Strategy 2020-24, the latter of which was approved by the Cabinet at its meeting of 18 September 2020. The Strategy sets out the aim to ensure that the services delivered meet the eligible needs of the citizens of Leicestershire to maximise their opportunities and wellbeing.
3. The Medium Term Financial Strategy (MTFS) is also key to ensuring that the support provided to adult social care providers is affordable and minimises any additional financial risk to the Council.

Background

4. The report to Adults and Communities Overview and Scrutiny Committee of 2 November 2020 provided an in-depth description of the pressures that providers were facing as a consequence of the Covid-19 pandemic, and how this may impact on the future supply of care and support available to the County Council and its citizens.
5. A further report to the Committee of 8 March 2021 provided an update on the position in care homes across Leicestershire and the support being offered to them by the County Council to provide safe and effective care, in the context of the ongoing Covid-19 pandemic. The report also provided an update on the supply and future plans for building extra care facilities in Leicestershire.
6. The County Council's Care Act responsibilities includes market oversight, including understanding the financial and other issues arising from the circumstances which

may impact on providers. The two reports identified how the Council uses market shaping responsibilities to ensure that there is a vibrant care market.

- The Care Quality Commission (CQC) is the regulator of adult social care. CQC monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. The CQC publishes its findings, including performance ratings to help people choose care.

Context, Pre-Pandemic Position and Current Quality Position

- All providers of adult social care and support have faced significant challenges during the Covid-19 emergency and the sector has shown resilience and dedication in keeping Leicestershire people safe at a time of great change and uncertainty.

Pre-pandemic

- The number of adult social care providers in Leicestershire at 15 March 2020 before the pandemic fully started was as follows:

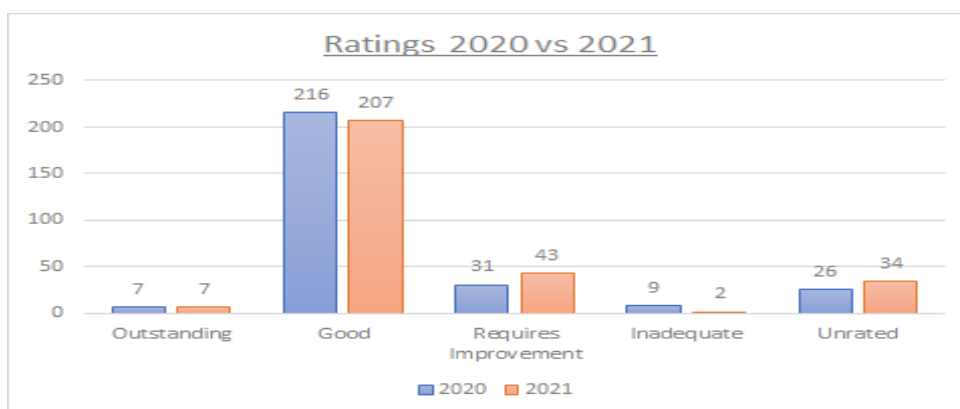
- 296 total registered services;
- 178 care homes - 171 were operational; the figures below relate to operating homes only;
- 118 home care providers, including extra care and supported living.

Current position as at 9 August 2021

- At the time of writing, the equivalent data to that set out in paragraph 9 is:

- 295 registered services – a reduction of one service;
- 176 care homes – 173 were operational - an increase of two homes;
- 119 home care providers – an increase of one.

- The CQC rates the quality of care providers. Outstanding ratings have remained the same as set out in the chart below:



12. There has been a reduction in services rated Good overall by CQC from 75% overall to 71%. This has mainly been in the care home sector where there have been eight fewer homes rated as Good.
13. There has been an increase in providers rated as Requires Improvement. This is as a result of some providers who have moved from Good to Requires Improvement, but also providers moving from Inadequate to Requires Improvement.
14. Leicestershire has seen a significant decrease in homes rated as Inadequate by the CQC from 5% to 1%, which is a decrease of seven homes rated as Inadequate. One of these homes has a CQC 'notice of proposal to remove the location', which in effect means that the home would close; however the provider has appealed this decision to the CQC.

Regional and National Comparison

15. When compared against comparator authorities (Cambridgeshire, Northamptonshire, Derbyshire, Essex) and England, performance of providers in Leicestershire is on average similar in care quality.
16. Leicestershire has fewer Outstanding care homes - 2% in Leicestershire against 5% for comparator authorities and 4% nationally. However, the county also has fewer homes rated Inadequate compared across England as a whole – 1% in Leicestershire against 4% nationally.

| Rating | Type of service | | Comparator Authorities | | England | |
|-----------------------------|-----------------|---------------------|------------------------|---------------------|-----------|---------------------|
| | Homes | Community based ASC | Care Home | Community based ASC | Care Home | Community based ASC |
| Outstanding | 2% | 4% | 5% | 3% | 4% | 4% |
| Good | 73% | 67% | 73% | 57% | 75% | 62% |
| Requires Improvement | 19% | 8% | 17% | 8% | 16% | 8% |
| Inadequate | 1% | 0% | 2% | 1% | 4% | 1% |
| Unrated | 5% | 21% | 3% | 31% | 4% | 25% |

Key Challenges

17. The period since March 2020 has been extremely difficult for adult social care providers given the ongoing pandemic. All provider categories have faced their own set of challenges particular to their mode of service delivery and the support needs of the people who they serve.
18. Care homes have experienced a broad range of issues presented by Covid-19, many of which occur simultaneously. These are:

- *Outbreaks of Covid-19* – the outbreaks in care homes have reduced both in number and severity. At the time of writing this report, there are nine current outbreaks.
- *Increased mortality rates* – during the pandemic there was an increased number of deaths. Due to national media attention on care homes, people are choosing to stay at home where possible instead of going to a home. This has meant providers have higher vacancy levels. In addition there has been an emotional impact on staff who have seen the death of residents who they have worked closely with.
- *Deterioration in health of people who have experienced Covid-19 infection* – people have continued to be unwell following Covid-19, so have more complex needs.
- *Workforce availability, including illness, self-isolation* – Staff have been affected by self-isolation personally and also where children have been unable to go to school.
- *Access to and speed of results of testing* – Testing results should be back within 24 hours from a Polymerase Chain Reaction (PCR) test, but have been taking up to three or four days at times throughout the last year.
- *Reduction in permanent admissions resulting in high vacancies* – This is based on the negative publicity around care homes making people less likely to choose to move into a home.
- *Understanding and applying Government guidance* – The Government guidance has changed on a regular basis. Providers are informed of changes through weekly bulletins and two weekly phone calls, but it has been difficult for providers who have had to change their processes each time the guidance changed, and make sure staff were all aware of and following the changes.
- *Cost pressures relate to sourcing Personal Protective Equipment (PPE) equipment, infection prevention and control, testing, vacancies, staff recruitment, retention and absences, and increased care home insurance premiums* – Providers have been asked to do much more throughout the pandemic. Some of the costs have been financial such as increased PPE costs. They were able to source some PPE from the Government, but have had to supplement it in order to meet the guidance and make sure they have enough PPE. New processes including infection control measures and cleaning, vaccinations and testing all require resource which has a cost to the home. Staff recruitment and retention is impacted by the levels of sickness and also by the vaccinations being mandated by 11 November 2021.

19. The following challenges have made some improvements since the last report in March 2021:

- The availability and price of PPE: the supply of PPE has now steadied, and providers delivering regulated services can order PPE for free for their Covid-19 needs from a national portal until 31 March 2022;
- Fewer, less extensive and less severe outbreaks of Covid-19;
- Fewer deaths from Covid-19;
- Regular and better availability and speed of Covid-19 testing;

- Universal adult eligibility for Covid-19 vaccination.

20. The County Council has provided extensive support to providers to understand and mitigate care homes' challenges, including:

- Financial support through the Government funded Infection Control Fund. Providers were given funds and spent these on measures to isolate residents in their own care homes, actions to restrict staff movement between homes, paying staff full wages while isolating following a positive test, additional staffing, training, and cleaning.
- Support to understand different ways to use the vacant beds they have in their homes or to consider a different type of provision such as supported living for working age adult providers.
- Weekly bulletins including information about Government guidance.
- Two weekly phone calls (initially weekly) with all providers regardless of whether they hold a contract with the County Council. There are separate calls for home care and care homes as they have different topic areas to discuss.
- The County Council has a team to support providers with recruitment and retention best practice. They have offered direct support during the pandemic including recruiting staff for providers. They work directly with providers to improve their procedures and process to help them to recruit staff using values-based recruitment and retain the staff.
- Infection Prevention and Control (IPC) support from a specific team of specialists in this area including visits to the homes to offer support and advice.
- Repayable advance payments have also been made to providers to provide up-front support to mitigate any immediate financial pressures and to stabilise the market.

21. There have been restrictions around movement and access to care homes due to Covid-19. This has presented difficulties for professionals as it has reduced the ability to visit care homes.

22. Increasingly, professionals including the Council's Quality and Contract officers are now able to visit care homes in person to assess and support with quality, with the appropriate PPE, IPC and testing regime in place to reduce risk to the residents, staff and to themselves.

23. On occasion, a care home encounters instability as a result of Covid-19 and other challenges. For example, if the provider was subject to urgent action by CQC so their registration was removed, or if the provider is no longer able to provide the care safely. The County Council has the responsibility to ensure all residents' safety in these circumstances, whether they are funded by the authority or self-funders, and in certain circumstances will deploy its own staff to oversee the quality of care and support in the home whilst alternative arrangements are made for the residents.

Intelligence Gathering and Work of the Quality and Contracts Team

24. The Council has invested in additional Quality and Contract officers which will support the implementation of a new risk management 'RAG' (red-amber-green) system. The RAG reporting system is a project management tool for rating status reports, based on the traffic light colour designations:
- Red: critical;
 - Amber: some concerns;
 - Green: compliant.
25. This includes, but is not limited to the CQC status, safeguarding incidents, complaints and the size of the home. This is then 'RAG' rated to agree on what action is required. The RAG rating will indicate what level of intervention is required which could be either a desktop review or a visit to the home. The implementation of this tool will allow the Council to design a protocol to support care homes at an early stage to avoid them going into crisis. For example, random checks might take place on homes in green and amber, providing support earlier to avoid escalation into the red RAG rating.
26. Contracts Officers review all information which is received about each provider. This includes provider performance monitoring forms, whistle blowing concerns, safeguarding alerts and general feedback on the provider. This is reviewed monthly and escalated whenever risk is growing to senior managers as soon as risk begins to increase.
27. A new monitoring tool has been developed which looks at key areas including IPC, training, staff levels and management within the home. Evidence is gathered virtually and reviewed, and a report is sent to the provider. This monitoring tool identifies if the providers are contractually compliant or if a contract monitoring visit is required to investigate further. This gives further intelligence about a provider to determine the risk status.
28. The Council is reviewing a new risk system which has been made available by Leicester City Council, which has been successful in monitoring providers' progress. The system would be updated monthly and be available for all locality workers and operational staff to review to determine the current status of a provider each month.
29. As people have started visiting services more, the Council has seen more information being shared which gives a better oversight of the provider. This allows a more up to date picture of the current quality status of a service and enables prioritisation of work with identified providers where concerns have been raised.
30. Although the number of official outbreaks has reduced, the Council continues to monitor the position and discuss with a provider if there are concerns about how they are managing the outbreak. IPC officers support homes in the event of an outbreak.

CQC Strategy and Future Approach to Inspection

31. The CQC has recently published 'A New Strategy for the Changing World of Health and Social Care'.
32. The new CQC strategy seeks to make regulation more relevant to the way that care is now delivered, being more flexible to manage risk and uncertainty. It aims to enable CQC to respond in a quicker and more proportionate way as the health and care environment continues to evolve. CQC's purpose remains to ensure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage those services to improve.
33. The four themes of the new CQC ambitions are:
- *People and communities*: Regulation that is driven by people's needs and experiences, focusing on what is important to people and communities when they access, use and move between services.
 - *Smarter regulation*: Smarter, more dynamic and flexible regulation that provides up-to-date and high-quality information and ratings, easier ways of working with CQC and a more proportionate response.
 - *Safety through learning*: Regulating for stronger safety cultures across health and care, prioritising learning and improvement and collaborating to value everyone's perspectives.
 - *Accelerating improvement*: Enabling health and care services and local systems to access support to help improve the quality of care where it's needed most.
34. Their stated core ambitions are:
- *Assessing local systems*: Providing independent assurance to the public of the quality of care in their area;
 - *Tackling inequalities in health and care*: Pushing for equality of access, experiences and outcomes from health and social care services.
35. County Council officers regularly meet CQC managers to discuss day-to-day and strategic matters, and the Council will continue to work with the regulator to share information and adapt its working practices to suit this dynamic and flexible approach.

Market Sustainability

36. Throughout the pandemic there have been concerns about the sustainability of the care home market. There are a number of key areas to consider:
- *Home closures* – throughout Covid-19 the Council has offered support to all providers, including care homes, that are facing severe financial challenges. To date, very few have requested support, and none has been forced to close as a

result of insolvency. Two residential homes have highlighted significant cost increases and have requested significant financial support.

- *Self-funders* – in Leicestershire there is a strong self-funder market. Approximately half of the beds in Leicestershire homes are occupied by self-funders, who may pay fees at a different level to those paid by the council. Homes in Leicestershire were in a relatively strong position going into the pandemic compared with some other council areas which tend to have lower self-funder populations.
- *Occupancy* – this is a key determinant of financial viability and the pandemic had a damaging impact on it (see Appendix). Based on information from the national ‘capacity tracker’ data system, residential care homes entered the pandemic with an occupancy of 92%. Occupancy reduced through the pandemic to a low in March 2021 of 75%, but since then has recovered to 80%. Similarly, nursing homes entered the pandemic with an occupancy of 85%, which dropped to a low point of 77% in July 2020 but recovered to 82% in August 2021. There will have been a loss of income across the sector which will have been mitigated in part by national funding and higher fees.
- *New entrants* – two new homes opened in Leicestershire late last year. The Council is aware of plans to establish another two new homes in the county, suggesting that some operators see an opportunity to establish a viable business and continue to invest.

37. The Infection Control Fund (ICF) was first introduced in May 2020 to support adult social care providers in England to reduce the rate of Covid-19 transmission within and between care settings. It was extended in October 2020 and, in April 2021, it was consolidated with the existing Rapid Testing Fund to support additional lateral flow testing (LFT) of staff in care homes, and enable indoors, close contact visiting where possible.

38. This funding is critical in supporting care providers to reduce transmission and re-enabling close contact visiting and has been extended nationally until September 2021.

39. This brings the total ring-fenced funding for infection prevention and control and support for testing to almost £21 million in Leicestershire care settings, the vast majority of which has been distributed to care homes to mitigate the impact of Covid-19. These funds have been and continue to be critical in sustaining the care home sector.

Provider Engagement

40. Officers are in regular contact with care home providers to give bespoke support and address queries. Current attention is focussing on the new mandatory

requirement for Covid-19 vaccination for workers in care homes, as described below.

41. The Council continues to hold regular care home provider meetings to engage with providers and give a two-way flow of information to support care homes to remain stable during the pandemic period. The content of the meetings usually covers matters such as financial support, PPE, testing, visiting guidance, vaccinations, training and any other pressures or concerns providers wish to discuss. These have been well received by providers since their initiation in March 2020 and will continue for as long as they are required. These Covid-19-specific meetings will run in parallel with new locality-based forums which will begin to increase the focus back to strategic, contract management and business-as-usual matters.

Commissioning Intentions

42. The County Council is currently developing its commissioning intentions to realise the ambitions within its Adults and Communities Strategy, aiming to maximise good outcomes for individuals. The approach seeks to enhance wellbeing, and prevent, reduce, delay and meet individual and community need.
43. The Council continues to place its emphasis on independence and independent living and with increased use of asset-based support and strategies.
44. The Strategy and commissioning intentions support the principle of all parts of the health and social care system working to a shared goal of ensuring that people can live in their own home wherever possible.
45. Residential and nursing care form part of the overall offer to meet people's care and support needs as an integral part of its strategic approach. The Council will continue to build stability in the market by working with providers to commission services in a sustainable, fair and transparent way.

Fee Uplifts for 2021-22

46. Care homes have faced significant increases in costs, many of them mitigated by additional funding and support, for example the ICF during 2020 and the current Infection Control and Testing Fund (ICTF).
47. The Council has experienced unprecedented increases in costs and loss of income, which means it faces a medium-term funding gap of £92m and increased cost pressures of £14m during the current financial year.
48. The Council's approach to the residential fee uplift in April 2021 was governed by the fee review undertaken in 2019. It was agreed by the Cabinet that increases for April 2019, 2020 and 2021 would be calculated using a formula based on the annual increase in the Average Weekly Earnings (AWE) services rate and the Consumer Price Index (CPI).

49. In April 2021 band rates were increased by 2.0%, which is a blended rate that took account of the CPI annual inflation rate of 0.3%, and the AWE services rate increase of 3.40%. Supplementary Needs Allowance payments were increased by 3.4%. Both CPI and AWE rates were those reported by the Office for National Statistics (ONS) in December 2020.
50. The work to determine the approach to care home fees for 2022/23 is ongoing. Undertaking a fundamental review to establish the rates for April 2022, three years after the last major review in 2018/19, is not being recommended at this time because:
- The care home market has not recovered from the impact of the pandemic.
 - Covid-19 related costs, and Department of Health and Social Care funding to mitigate them, are still in the system.
 - Delivery models that take account of new ways of working are yet to fully develop.
51. In such circumstances reliable estimates of the cost of care, upon which fees will be based, are very difficult to make. It is being proposed therefore to delay the fundamental review until April 2023 and the current agreed mechanism will be used to uplift rates in April 2022.

Covid-19 Vaccination in Care Homes

52. The Covid-19 vaccination programme in Leicestershire began in December 2020. The County Council worked with the local NHS in the planning and prioritisation of vaccination across Leicestershire; to ensure consistency much of the vaccination programme has been co-ordinated at a Leicester, Leicestershire and Rutland (LLR) level. The local roll-out followed the national priority 'cohorts', resulting in a position today that every adult in Leicestershire has now been offered the Covid-19 vaccine.
53. Residents and workers of care homes were in the very first cohort; by mid-February 2021, 65% of care home staff in Leicestershire had received their initial Covid-19 vaccine dose.
54. The table overleaf sets out the percentages of home care residents and staff who have received doses 1 and 2 of the vaccination. This table compares Leicestershire's percentages with those of the East Midlands region and England overall. The table also includes percentages of domiciliary care staff for comparison.

| | Dose 1 | | | Dose 2 | | |
|------------------------------|--------|-----------|---------|--------|-----------|---------|
| | LCC | East Mids | England | LCC | East Mids | England |
| OP Home Residents | 96.6% | 95.5% | 95.8% | 94.0% | 92.7% | 93.5% |
| OP Home Staff | 85.7% | 86.0% | 87.6% | 76.1% | 76.2% | 78.0% |
| <65 Home Residents | 93.0% | 91.8% | 92.7% | 90.7% | 86.6% | 88.5% |
| <65 Home Staff | 83.7% | 81.9% | 84.4% | 75.6% | 72.8% | 75.2% |
| Dom Care staff | 82.0% | 80.4% | 80.0% | 69.4% | 66.9% | 64.6% |

LCC % higher than East Mids and England

LCC % higher than East Mids or England

LCC % lower than East Mids and England

Source: Gov.UK National statistics published 12 August 2021. Data as at 27 July 2021

<https://www.gov.uk/government/statistics/adult-social-care-in-england-monthly-statistics-august-2021>

55. The results are generally in line, if not above, the East Midlands and England rates with the exception of home care staff, which are slightly under the regional and national averages.
56. Every encouragement and support has been and continues to be given to providers and staff to encourage workers to take up their vaccination. Some of the methods employed include:
- Virtual question and answer sessions and webinars, including clinical experts.
 - Publicity materials.
 - Frequently Asked Questions documents, including those developed in LLR.
 - Communications produced by and for Black, Asian and minority ethnic (BAME) communities.
 - Work with health organisations to ensure that vaccination can take place in convenient locations and as 'drop-ins'.
 - Dedicated social care provider and staff vaccination enquiry web page, enquiry form, enquiry email address, and booking phone line.
 - Weekly email updates to providers to encourage uptake and share the latest information on vaccination roll-out.
 - Tailored work for areas of particular hesitancy, such as pregnancy, fertility and breastfeeding.
 - Audience-specific marketing, including for younger workers.
 - Behavioural science approach to promotion, using focus groups, such as for care homes.
 - Development of a 'healthy conversations toolkit' to enable managers to have constructive conversations with workers to promote vaccine confidence.

57. The authority conducted a survey looking at demographics, barriers, and motivators to having the vaccine from care home staff. A total of 39 surveys were completed for Leicestershire, representing 2,349 members of staff.
58. The key findings from the survey were:
- The highest percentage of unvaccinated staff were within the 25-34 age band, with 60% of those unvaccinated being under 35 years old.
 - Overall long and short-term side-effects were cited as the largest barriers.
 - The top ranked motivator for having the vaccine was to return to normality, closely followed by reducing own risk, risk to residents and protecting friends and family.
59. The requirement for those working in a CQC-registered care home environment to be double-vaccinated unless they have an exemption was confirmed by the Government in late July, with a 16 week lead-in period for unvaccinated workers to have their first and second doses before the full implementation date in November. This guidance also applies to all professionals and tradespeople who enter these settings.
60. The key dates are:
- 22 July: 16 week 'grace' period starts to allow unvaccinated workers to receive both doses in time.
 - 16 September: last date for care home workers to receive their first dose so that they are fully vaccinated by 11 November.
 - 11 November: regulations come into force.
61. Care home managers are working hard to prepare staff and services to ensure that they are compliant with the new law. The Directors of Adult Social Services and Directors of Public Health for LLR have written to care home managers to set out some of the key considerations and support available to them and their workers. The County Council is working with colleagues in the City and Rutland to develop tools to support care home managers with this requirement for their staff, and organisations visiting their home.
62. Providers will seek their own professional advice on the human resources and legal implications for their workforce.
63. Although there is access to basic live data on vaccine take-up across named care homes, the Council is currently undertaking detailed work across all 173 operational care homes to allocate a 'red-amber-green' risk rating to each, principally focussed on the likelihood and impact of possible reduced number of staff able to work in the setting. This will inform prioritisation of support to providers by adult social care and public health officers to address barriers to vaccination on an individual care home basis, which has the highest likelihood of success.

64. Providers have been asked to identify how many staff in each role, such as manager, care staff, nurses, have not been vaccinated to determine risk to the provider if the staff continue to decline the vaccination.
65. A 'menu' of interventions is being developed which can be used by the Council's officers with care home workers to enable the most appropriate and tailored package of measures, which could include:
- Detailed discussions with GPs;
 - Training in the use of the 'healthy conversations toolkit';
 - Support with recruitment and retention;
 - Further walk-in vaccine clinics prior to the key deadlines;
 - Business continuity planning;
 - Signposting to specialist resources.
66. Other work underway on mandatory vaccinations includes but is not limited to:
- Template communications which care homes can use to inform contractors entering the home of the requirement and their obligations.
 - Work with health providers to ensure that only fully vaccinated staff can be deployed to care homes and can evidence their vaccination status.
 - Internal work with the Council's own staff to further boost take up and make sure that vaccinated workers only will visit.
67. A further appraisal of risk will be possible after the initial 16 September 'first dose' milestone has passed, which will indicate the number of workers who have no prospect of full vaccination by the final 11 November deadline.
68. Although this is to be avoided, the Council will be prepared for increased provider instability after 11 November for individual providers where sufficient, fully vaccinated workforce is not available.

Response to Provider Instability and Failure

69. During the pandemic the County Council has found increased risks of provider failure and instability. These are linked to the key challenges providers have faced during the pandemic. The risks of failure are due to lower occupancies in care homes, lower levels of referrals to care homes and increasing costs for providers due to the use of PPE and new ways of working. The risks of instability are due to outbreaks and staff absence due to testing positive even when asymptomatic.
70. Where homes have higher vacancy levels, this presents a risk to them remaining viable. The Council monitors these homes carefully for indicators of potential risk and offer support to the providers.
71. Providers are testing staff up to three times a week and residents monthly. While the numbers of staff testing positive has reduced there are still some positive cases.

The impact on this is when other staff who are classed as contacts have to isolate. A local 'exemption from isolation' policy has been developed, based on national guidance, which allows such exemption in exceptional circumstances. Providers are at risk with reduced staffing especially during July and August with high levels of holiday and other sickness impacting. The County Council monitors providers and offers support and guidance on business continuity planning so they are prepared for this and have plans how to continue to operate a service.

72. As staff are not allowed to work between different settings in order to reduce the likelihood of spread of infection this has meant providers have sometimes had difficulty in covering high levels of absence which has led to quality concerns within homes. There is support for all homes during an outbreak from the IPC and Quality and Contracts Officers. Advice and support are given on how to ensure IPC methods are appropriate to reduce the risk of spread of infection, and advice on staffing to ensure people's needs are met safely. If necessary, visits are undertaken to review the situation and offer more practical support and to have oversight of the situation.
73. The County Council has learnt about the potential indicators of a provider struggling with an outbreak. As a result of this the support offered to homes has changed and the escalation points of concerns for a home's ability to manage the situation, to enable a multi-disciplinary approach.
74. Providers are supported with recruitment through the Inspired to Care team. Although they do not act as a short-notice recruitment agency, they can support a provider with long term recruitment to enable them to have a full staff team which reduces financial pressure on a home as well as providing continuity of care for people living there.
75. In case of provider failure there is a mutual aid agreement where all health and social care partners become involved to ensure people are cared for safely. This includes health partners where clinical support may be needed, the CQC and internal direct services in the event of additional hands-on support being required.
76. The County Council uses a variety of options to respond to provider failure depending on the size, vulnerability and risks of a home. The Council continues to use its provider instability and failure protocol and checklist. The checklist provides a framework to enable the Council to manage issues in care homes and has been successful in addressing quality concerns in care homes within Leicestershire.
77. There are staff vacancies across all providers and there are fewer staff wanting to work in social care. Inspired to Care has created a recruitment video to encourage people into the care sector and continues to advertise social care roles and provide CVs from potential recruits to all providers who have signed up to receive them.

Consultation

78. This report details how care home providers have received information, advice, guidance and support throughout the pandemic, and how the authority has engaged with the sector. The effectiveness of the authority's work with the sector has relied upon consistent and ongoing consultation.
79. Detailed work and formal consultation with providers will be required during the proposed review of care home fees for April 2023.

Risks

80. Risks are highlighted throughout this report, including the measures which the authority has been undertaking or is considering to mitigate them.
81. Central to the Council's approach to risk is the need to ensure the safety of people using its services and those of the adult social care providers which it commissions.

Resource Implications

82. In 2021/22 care home providers are benefiting from free PPE for Covid-19 related needs, and the national ICTF fund for eligible expenditure evidenced within set timescales. The prospect of future funding streams is currently unknown.
83. The County Council is committed to consider providers' reasonable additional costs from Covid-19, where they have not been met through existing national and local funding streams and initiatives. The authority continues to consider such requests on a case by case basis on the evidence presented.
84. The Residential Expenditure budget is £98m. Currently the forecasted spend is £105m due to additional costs mainly relating to Covid-19 and increase in number of short-term service users.

Conclusions

85. The care homes market has been substantially impacted by the Covid-19 pandemic since March 2020. Despite the challenges, the sector continues to show perseverance during a very difficult period.
86. The Council will continue to support providers via workforce support, maintaining communication and dialogue, and financial support were appropriate.
87. The Council has taken further measures to support care homes to reduce the risk of instability, and to respond sooner if it arises. This has included investing in additional resources and the development of new quality and monitoring tools.
88. The Council will use the recent research, intelligence and consultation to identify potential solutions to increasing support and promoting provider sustainability.

89. The Committee is asked to note the recommendation to undertake a review of care home fees for implementation in April 2023, by which time Covid-19 related costs will be better known.

Background Papers

Report to the Cabinet: 18 September 2020: Adults and Communities Department Strategy 2020-24 – Delivering Wellbeing and Opportunity in Leicestershire
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5997&Ver=4>

Report to Cabinet: 20 October 2020 – Adult Social Care Winter Plan and Measures to Support Care Home Provider Sustainability –
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5998&Ver=4>

Adults and Communities Overview and Scrutiny Committee in November 2020
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6171&Ver=4>)

Adults and Communities Overview and Scrutiny Committee in March 2021
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6461&Ver=4>

Department of Health and Social Care Equality Impact Assessment form – Public Sector Equality Duty
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001051/vaccination-as-a-condition-of-deployment_public-sector-equality-duty2.pdf

Circulation under the Local Issues Alert Procedure

90. A copy of this report will be circulated to all members.

Equality and Human Rights Implications

91. There are no Equality and Human Rights Implications arising directly from this report, which does not propose specific service changes.

92. The Department of Health and Social Care has undertaken an Equality Impact Assessment of the new requirement to make vaccination a condition of deployment in care homes. It has identified that negative impacts (such as the possibility of a worker losing their job) are likely for some protected characteristics because they have higher vaccine hesitancy rates:

- Sex, particularly for women;
- Black and Minority Ethnic groups;
- Age, particularly younger people;
- Religion, where people do not wish to be vaccinated because of their beliefs;
- pregnancy and maternity.

93. The County Council has a range of interventions and promotional activity in place to support providers with the expectation, including measures tailored to specific groups or hesitancy reasons. The Council wishes to build vaccine confidence in the external workforce such that workers of all backgrounds can continue to provide support for care home residents in Leicestershire.

Appendix

Occupancy Levels in Leicestershire Care Homes

Officers to Contact

Jon Wilson, Director of Adults and Communities
Adults and Communities Department
Telephone: 0116 305 7454
Email: Jon.Wilson@leics.gov.uk

Nigel Thomas, Assistant Director (Strategic Services)
Adults and Communities Department
Telephone: 0116 305 7379
Email: Nigel.Thomas@leics.gov.uk

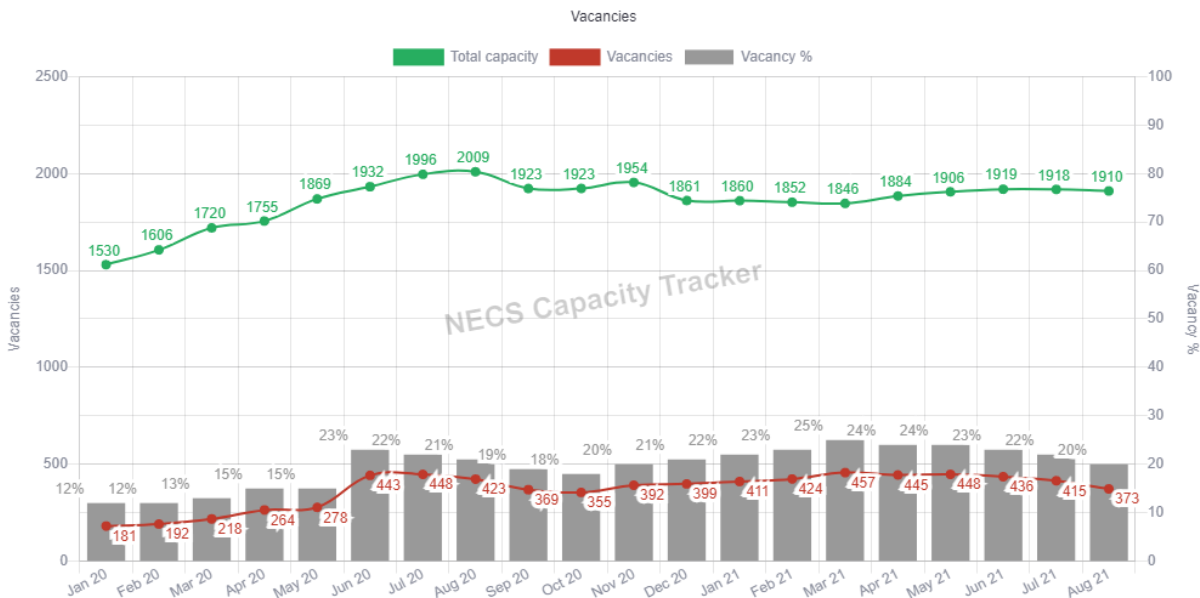
Kate Revell, Head of Service –(Strategic Commissioning and Quality)
Adults and Communities Department
Telephone: 0116 305 8331
Email: Kate.Revell@leics.gov.uk

Occupancy Levels in Leicestershire Care Homes

Vacancy trend, January 2020 to August 2021

Data from National Capacity Tracker – 6 August 2021

Residential



Nursing

