

The Council has developed a protocol to assess the credentials required of suppliers in the re-provision of Council run care homes. The protocol utilises a number of elements that provides assurance sufficient for the Council to enter into a contractual relationship with suitable suppliers.

The protocol has been developed in response to lessons learned from care home closures and commissioning good practice

The protocol contains the following elements

- a. Standard Selection Questionnaire
- b. Financial evaluation
- c. Relevant expertise & experience
- d. Policies & procedures including internal quality assurance
- e. Contract management information
- f. Evidence experience of or a plan for opening a new home
- g. Summary project plan including key milestones
- h. Plan for recruitment, training and support of staff in the home
- i. Explain how new residents are settled into the care home environment
- j. Explain occupancy plan including the planned rate of occupancy and how staffing levels match
- k. Business Continuity plan setting out a response to critical scenarios and issues if they occur prior to or after the home opens

### **Assessment**

MHA have passed each and all elements of the Council's requirements as set out in summary below.

Authorised by Ann Knought, Head of Contracts, Business & Service Development, Social Care Health & Housing

#### **a. Standard Selection Questionnaire**

The SSQ is a self-declaration, made by suppliers that they do not meet any of the grounds for exclusion<sup>1</sup> from a contractual relationship with the Council. If there are grounds for exclusion, there is an opportunity to explain the background and any measures taken to remedy the situation satisfactorily.

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<sup>1</sup> For the list of exclusion please see

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/551130/List\\_of\\_Mandatory\\_and\\_Discretionary\\_Exclusions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf)

The SSQ also includes a requirement to demonstrate track record in a relevant area of practice, providing the Council with the opportunity to take up references from commissioners in other local authority areas.

Given that the SSQ is a self-declaration it should be noted that there are serious consequences for misrepresenting factual information and so inducing an authority to enter into a contract. Suppliers may be excluded from the procurement procedure and from bidding for other contracts for a period of three years. If a contract has been entered into, suppliers may be sued for damages and the contract may be rescinded. If fraud or fraudulent intent can be proven, suppliers may be prosecuted and convicted of the offence of fraud by false representation and excluded from further procurements for a period of five years.

No exclusions declared or identified.

**b. Financial Evaluation**

Financial checks have been carried out by a Finance Manager of the Council and MHA have satisfied our requirements presenting with a medium level of risk with an indication that the organisation is financially sound.

**c. Relevant Expertise & Experience**

MHA is a charity founded in 1943 by the Methodist church. To date MHA hold a portfolio of 89 homes and continues to develop residential, nursing and specialist dementia care. In 2016 Silk Healthcare became part of the MHA organisation and is led by MHA values and governance.

MHA currently operates across the country in many sectors of care including respite, retirement villages, domiciliary, dementia, residential and nursing

MHA mission statement includes values which place a focus on respect, dignity and transparency delivering care within a person centred approach.

Evidence from a site visit to a local MHA care home, Anjulita Court, Bedford<sup>2</sup> identified good practice from customers and staff observation including

- Choice and control, for example, for dementia customers – successfully illustrated via the dining experience.
- Reference to wearing pyjamas during evening/noise pollution around dementia clients discussed.
- Training - interactive intranet based resources available to staff with evidence of applied learning and insight supporting continuous improvement (similar to Open University distance learning). Very positive impact.
- Evidence of mandatory training delivered within the care home

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<sup>2</sup> Site visit 31.05.17

- Hydrotherapy and sensory rooms developed within the home to help improve the lived experience of customers and broaden skills of the staff team.
- Dependency rating tool - care plans checked monthly by a qualified nurse
- Dependency tool - viewed a care plan to understand how his works and how the dependency is checked for a customer.
- Viewed and understood the template - easy read
- Monthly audit completed and the detail is forwarded to a central database. Areas such as falls/pressure/complaints/weight loss. This helps identify trends which the Regional Manager will review. Any concerns that are highlighted instigate a focused visit to support for improvement.
- Falls strategy has been created. MHA are happy to share with peers
- Annual survey/resident survey seen evidencing applied learning
- Care ratings on google highlighting a series of good review outcomes
- Dietary profile conducted annually but the view is to change to six monthly checks in response to changing requirements of residents. Information evidenced within the care plan and in the catering room.
- Dietician involved. Prepare own shakes to support. Discussed puréed food

**d. Policies & Procedures**

MHA have developed an extensive array of policies and procedures and a site visit to a local care home, Anjulita Court, Bedford confirmed effective implementation of a range of relevant policies/ procedures, demonstrating policy converted into practice with also evidence of practice helping to shape a continuous approach to improvement in policy through internal structures supporting learning and development.

MHA have a clearly defined quality assurance infrastructure to support implementation, providing clear structures and processes for operating, assessing, evaluating and assuring compliance and improvement.

Clear quality assurance principles evidenced including:

- Set of clear standards for each part of the service
- Manage and operate the service inline with the standards
- Educate and develop staff and volunteers
- Assess and monitor service quality using a systematic process
- Work in partnership with regulators of care ensuring that standards are complied with
- Use staff and residents experience and feedback to grow the service
- Report appropriately throughout the organisation and escalate concerns

Each defined area of quality assurance has been broken down into eight components with clear identification of purpose, process and responsibility for each:

- Standards
- Management
- Training and development
- Assess and monitor
- Compliance
- Listen and learn
- Remedy and improvement
- Reporting

Further structure and responsibilities were evidenced that support governance of the service, as illustrate by the following.

MHA care homes are clearly structured identifying both individual care home staff roles which compliment the constitution of the home, the care home directorate and reporting responsibilities.

Audits are conducted regularly in each home with most scheduled on a quarterly basis.

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|---------------------------|-----------|
| • Medication Audit        | Quarterly |
| • Care Plan Audit         | Quarterly |
| • Health and Safety Audit | Quarterly |
| • Quality Assessment      | Annual    |
| • Infection Control Audit | Quarterly |
| • Catering Audit          | Quarterly |

Information from the annual Quality Assessment is collated and used as a measure of performance of the home. Information is shared with the staff, residents, relatives and other stakeholders; including a response advising of an action plan and recommendations to ensure that the home remains compliant/ meets the expectations of individuals. Progress of the action plan is tracked by MHA's quality directorate who conduct their own compliance visit, measuring the well being of five residents and the quality of staff interactions. These visits are scored internally by MHA. Should a home score lower than 85% a subsequent visit will be planned within 12 weeks with further actions implemented to address performance.

#### **e. Contract Management**

MHA operate nine care homes within the region and have created Quality Care Business Partner roles to embed a culture of quality throughout the organisation. Quality Partners only deal with the quality of the MHA Services and are not

involved within operations of care homes, providing for semi-independent evaluation.

Time Critical Reporting is noted as a positive approach to responding to early alerts of concerns that if not addressed could become significant risks. The Quality Partner publishes plans on an accessible central database to provide for open access/ audit.

- Environmental Health Officer visits
- Complaint/s Safeguarding (evidence seen of how these issue are worked through)
- Any significant events that need attention.

**f. Opening a new home**

MHA have successfully opened many new homes with the Regional Director (responsible for Oak Manor, Central Bedfordshire) having direct experience of opening c. 20 homes during his career with MHA. Development and project planning is advanced and comprehensive, drawing on lessons learned from previous care home developments.

MHA have provided their plan to open Oak Manor replete with a wide range of policies and procedures in place to enable staff to deliver the service once open. All staff required to open the home to residents are scheduled to be in post, trained and inducted (e.g. to MHA policies and procedures and in the use of all equipment relevant to respective role) with the ability of being able to deliver high quality care one month before the home is due to open. This provides a contingency if, for example, residents need to move earlier than planned or to allow for any unexpected delays in opening date.

**g. Project Plan**

MHA have provided a comprehensive and detailed project plan for the Oak Manor development, illustrating the tasks and timeline required to open the home on schedule. Oak Manor is expected to open in October 2017.

**h. Staff Recruitment**

MHA have recruited the home manager for Oak Manor, commencing in post during April 2017 to support induction to the organisation and to prepare for recruitment of the wider care and support staff for the home.

The first phase of recruitment, including for a deputy manager commences in July 2017, with a phased recruitment across each staffing domain (i.e. administration, care, catering, domestic, maintenance, activities and pastoral).

Recruitment is aligned to the number of residents accommodated within Oak Manor with a review point at each additional five residents until full capacity is reached in a period of approximately 8-9 months.

More broadly, MHA structures provide for an impressive level of regional and national governance with dedicated work streams, for example, providing for effective quality assurance and clinical support.

**i. Resettling residents**

Evidence contributed by MHA illustrates the intention of creating a seamless transition from one environment to the MHA care home. A process commencing in advance of any move, providing for visits by residents/ relatives/ friends to the specific or similar homes; promoting awareness of both the MHA care home environment, culture of service delivery and local/ external resources that may be of interest to residents . Each resident is delegated to a member of staff responsible for family liaison with a high level of communication prioritised to ensure that any uncertainties are pro-actively resolved. Each resident is allocated a key worker within the home, adopting a personalised approach in building a rapport and clear understanding of the specific needs of each resident; drawing on also assessment and care planning information gleaned from a variety of sources.

**j. Occupancy Plan**

Good practice in opening a new care home indicates that the admission of two residents per week is optimum in terms of helping individuals orientate themselves into the new environment. Residents and staff require adequate time to build an understanding and knowledge of each other and dedicated time early. MHA are planning to admit two residents per week with an in principle agreement that should the Council decide to close the Birches, all those residents choosing Oak Manor will move into the home before MHA accepts residents from external sources.

**k. Business Continuity**

Evidence supplied that comprehensive policy and procedures are both in place and applied in practice.

Practical example discussed illustrating how continuity of service would be maintained if the Registered Manager of Oak Manor was unavailable at no notice and for an extended period of time.

With nine homes in the region, MHA are able to draw upon a deep pool of skilled and experienced staff to maintain a high quality service, safe for residents, relatives, staff and visitors. For example, with regard to the sudden loss of the home manager, MHA always have at least two experienced managers that can step in at less than a day's notice to take responsibility for a scheme; supporting the deputy manager to run the scheme effectively. In addition, MHA has access to a further eight managers (including Area Manager, Area Support Manager, Area Quality Manager) to provide for continuity of care in this regard.

More broadly, group and scheme specific procedures are in place to prepare the organisation in coping with both predictable and novel risks to continuity of the business (e.g. heatwave, pandemic flu).