

Homecare Review 2010

Update on Recommendations

In September 2009 the Healthier Communities & Older People Overview & Scrutiny Panel agreed the terms of reference for a review of Home Care services tendered in 2006 and subsequently delivered by five (now four) domiciliary care strategic partners.

The review made a number of recommendations which officers have since implemented with contracted providers and other partner organisations. This briefing provides a summary of progress to date, highlighting recommendations which are no longer relevant given the significant organisational and structural re-design since the time of the review.

Recommendation	Progress February 2014
<p>1. Ongoing review and monitoring of Home Care Services</p> <p>1.1 The Panel recommend that the results from the CQC and the PSSRU are presented annually to the Healthier Communities & Older People Panel for consideration and appropriate action if necessary.</p> <p>1.2 The work already being carried out by the PSSRU and the CQC will mean that it will not be necessary to undertake another full consultation exercise into the current quality and user experience of the Home care services delivered, unless there is some significant and unforeseen changes in circumstances, but instead to gather the results from the work that is already being carried out</p>	<p>1.1 The PSSRU ceased to exist in 2011 and did not produce any further analysis of home care quality between the time of the review and 2011.</p> <p>CQC carry out regular inspections of all domiciliary care providers and this is now incorporated into the quarterly update provided to members via the Wellbeing Cabinet member's report. CQC data indicates that there are 13,081 registered providers of domiciliary care in the UK. Of these 11,761 meet all CQC essential standards, 1276 do not meet all essential standards and 44 are currently under enforcement action.</p> <p>In Bath & North East Somerset all four domiciliary care strategic partners have been inspected by CQC and have been found to be fully compliant with all essential standards. The performance of strategic partners is reviewed jointly with CQC on a bi-monthly basis at a regular CQC liaison meeting, the latest of which took place on February 3rd 2014. No concerns or compliance</p>

nationally and regionally and compare them with the findings of this study as this study will provide a baseline.

1.3 The Panel should consider undertaking a review in 3 years time, after the Personalisation Agenda has been fully integrated and towards the end of the 5 year Strategic Home Care Partnership contract, which should help to inform future commissioning decision making.

issues were noted in relation to any of the strategic partners in the previous reporting period (3rd December to 2nd February).

1.2 Council officers carry out annual reviews of all contracted to ensure contract compliance and to address any quality or performance concerns. Service user feedback is sought as part of these reviews and feedback is also gathered when individual service users are reviewed by care co-ordinators as part of the statutory adult social care review process. All data is held on a feedback database which is used to inform review activity and regular CQC liaison meetings.

In addition to annual reviews strategic partnership providers meet quarterly with commissioners to discuss and action plan in relation to a range of quality, training, strategic and operational issues. These meetings are also attended by other partner agencies such as Sirona and AWP so that issues in relation to shared care can be addressed, good practice shared and informal training/learning exchanged.

1.3 The Personalisation agenda is well embedded locally with all service users who receive a non-residential package of care and support (including domiciliary care) being allocated a Personal Budget with which to purchase services. A new Resource Allocation System for PBs has recently been introduced to address inequalities identified in the old system (devised during the pilot phase of PBs).

The implementation process has been positive with staff, service users and providers and has allowed for the development of new ways of working such as the introduction of Individual Service Funds and locality based commissioning of care to address access issues in rural areas. A new rural support service in the Chew Valley has been operational for the last three months with more than 880 hours of home care being delivered to 23 service users in the more remote parts of the Chew Valley. Developments such as this evidence the commitment of strategic partners to work with

commissioners to deliver ever more personalised interventions, within the existing contractual framework. The value of long term, stable relationships with partners cannot be over-stated in this respect.

The partnership contract sets out the indices on which inflationary uplifts are calculated. A number of these indices have changed over recent years and it is no-longer possible to use all of the ones set out in the contract. For the previous three financial years, using the contract as a backdrop for discussions, strategic partners have been willing to negotiate an acceptable uplift and have in this way contributed to Council efficiencies.

The data reviewed indicates that the current fee rates in B&NES are above average locally, regionally and nationally and the contract indices-based calculation for 2014/15 suggests a negative figure for inflation. However, direct feedback from providers (event held on 27th January 2014) on from United Kingdom Home Care Association reports suggest that there is on-going cost pressure relating to:

- Staff travel
- Staff turnover
- Staff training
- Staff terms & conditions

Consultation with Care & Support West (a local trading association for care sector providers) yielded the following feedback,

'The rates paid by B&NES indicate that within the finances available, it is doing its best to pay a realistic price for Domiciliary Care provision'.

Commissioners are assured that, on the basis of the relatively low numbers of serious quality or safeguarding concerns received in relation to providers, the open and constructive relationships we hold with them and the overall value for money this affords, a review at this time would not further the Council's thinking

	in terms of future commissioning intentions.
<p>2. Improving the quality of care for service users with significant mental health needs</p> <p>2.1 Recommend that a meeting is convened between Senior Managers and the Community Mental Health Team and the Managers of the Domiciliary Care Providers to analyse training needs and suggest the appropriate training programmes for staff.</p> <p>2.2 Recommend that the Community Mental Health Team examines the nature of the information that they provide when referring a individual and convenes a meeting with the care providers to ensure that the information provided is revised to enable the individual's care needs to be assessed with agreed terms of reference/ language.</p> <p>2.3 Recommend that a representative from the Community Mental Health Team attends and contributes to both the Operational and Strategic (Partnership & Zone meetings) to address particular issues in the delivery of clients care.</p> <p>2.4 Recommend introducing an “actions arising column” within the recordable care plan, so that where care needs or problems arise, actions can be clearly recorded and are auditable.</p>	<p>2.1 Since the review in 2010, strategic partnership meetings have been attended by both senior managers and team managers from Avon & Wiltshire Partnership Mental Health Trust and the Council (which employs the adult mental health social workers). This has resulted in significant service improvements including the provision of regular mental health training for domiciliary care partners by a qualified Community Psychiatric Nurse. Training is provided, free of charge, on a three monthly basis to all four strategic partners which ensures that carers are up to date with latest thinking and that turnover of staff does not result in loss or deterioration of expertise amongst the staff group as a whole.</p> <p>2.2 The structure of the Community Mental Health Teams has changed dramatically since the time of the review with the previous structure having been replaced with a new model of working which can be summarised as:</p> <p>Primary Care Liaison Service – this specialist, single point of access team offers an assessment and triage service to health professionals, social care staff and partner organisations wishing to make a mental health referral. One of the main aims of the team is to educate and advise referrers in relation to common mental health issues as well as more complex conditions to enable them to support service users and carers more effectively. This includes the provision of 1-2-1 ‘case management’ support and the delivery of more general training sessions to a range of partner providers, including domiciliary care partners.</p> <p>Community Intervention & Treatment Team – this team provides on-going care co-ordination and support for older people (and their carers) with a diagnosed mental illness, and as such works closely with partner providers to</p>

2.5 Recommend that In the absence of family members in close contact to the client that a member of the Community Mental Health Team attends individual client reviews as this cannot be dealt with under the Mental Capacity Legislation.

secure packages of care and support appropriate to individual needs, including domiciliary care. All paperwork supplied to providers has been reviewed and revised as part of the re-design of the Personal Budgets Resource Allocation System to ensure consistency and quality of information provision regarding individual's assessed care needs.

Recovery Team – this team operates in a similar way to the CITT but works with adults of working age. The team does not work as closely with domiciliary care providers as the types of services younger adults require tend to differ significantly from those offered by domiciliary care providers.

Regular attendance at strategic partnership meetings, as discussed in 2.1 has helped to embed a 'continuous improvement' approach to communication and shared care between mental health and domiciliary care partners.

2.3 Addressed above in 2.1

2.4 Annual reviews of strategic partners have been the mechanism through which issues relating to documentation and care planning have been addressed. In relation to care plan recording, RIO has now been implemented and this has standardised care planning to address recommendations arising from the review in relation to action planning against identified needs.

2.5 The CITT and Recovery Team are responsible under current community care legislation for completing annual service user reviews and for attending multi-disciplinary care planning meetings as standard practice. All service users open to either team have a named care co-ordinator under the new structure and the Council commissions statutory and general advocacy services to support those who require this.

3. Communication

<p>3.1 Recommend that the Councils Equality Team investigate to see that where there is an identified need for Home Care that there is appropriate material available for all ethnic minority groups and that this is reported back to the Healthier Communities and Older People Panel.</p> <p>3.2 Recommend that the Home Care Providers should continue to be asked to evidence their commitment in terms of training and code of conduct to ensuring that sensitivities about appropriate behaviour in ethnic minority homes is respected, especially laws concerning personal hygiene, dietary requirements and purity.</p> <p>3.3 The steering group notes that some work has already commenced on secure email arrangements to support data transfer, but we recommend that the Cabinet Member for Resources initiates a review into how solutions can be achieved and that this is prioritised.</p> <p>3.4 Recommend that the present documents used by the Council Social Worker should be reviewed to improve efficiency and to ensure that information collected and used is authorised and available to other services.</p>	<p>3.1 The contract with strategic partners includes requirements for information about care services to be made available in accessible formats including large print, braille, and languages appropriate to local populations. The Council produces a Directory of Services for Older People in a range of accessible formats and this provides extensive coverage of all services available locally, including domiciliary care services.</p> <p>3.2 Evidence of commitment to equality and diversity training is tested via the contract review process as this forms part of the service specification included in the contract with providers. Strategic partners are able to evidence through staff training records that equality & diversity training is part of the core induction training for new employees and for their on-going development. Standard foundation training is likely to include:</p> <ul style="list-style-type: none"> • Principles of Safe Manual Handling • Medication Awareness • Health & Safety for Care & Support Staff • Basic First Aid • Basic Food Hygiene • Cultural Diversity • Continence Management • Safeguarding • Dementia Awareness • Death, Dying & Bereavement <p>3.3 As noted by the review data sharing between different partner organisations, using different recording systems is a broader issue for the Council. Data transfer between key partners is facilitated via CITRIX links (secure interfaces between partner organisations), the use of encrypted or password protected data or limited/read only access to partners data systems by named individuals.</p> <p>3.4 All paperwork used by Sirona social workers has been reviewed and revised as part of the re-design of the Personal Budgets Resource Allocation</p>
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	<p>System to ensure consistency and quality of information provision regarding individual's assessed care needs. All agreed care plans have to be signed by an authorised team manager before this is shared with other services or partner agencies.</p>								
<p>4. Reliability and timing of Home Care visits</p>									
<p>4.1 Recommend that Service Providers continue to monitor the time keeping of their care workers and work towards identifying what can reasonably be delivered within the parameters of the Care Assessment.</p>	<p>4.1 The Council does not commission 15 minute packages of care. A range of feedback is regularly collected from providers and service users to capture positive practice and quality concerns in relation time keeping, staff behaviour/attitude, quality of care and so on. The last Service User Quality Monitoring Survey saw 394 monitoring forms returned. Strategic partners were rated as follows:</p>								
<p>4.2 Recommend that the Social Worker included in a clients referral of care also makes them aware of other services available to them, such as the support of the Voluntary sector.</p>	<table data-bbox="833 746 1086 895"> <tr> <td>Excellent</td> <td>179</td> </tr> <tr> <td>Good</td> <td>127</td> </tr> <tr> <td>Fair</td> <td>61</td> </tr> <tr> <td>Poor</td> <td>13</td> </tr> </table>	Excellent	179	Good	127	Fair	61	Poor	13
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<p>4.3 Recommend that the Service Providers review their communication systems to ensure that there are robust methods for both the clients and service providers to report difficulties or concerns that they have with the delivery of their care.</p>	<p>Of all the forms returned 14 forms did not provide an overall rating and 7 of these were returned blank. Poor time-keeping featured in only a small proportion of negative feedback (less than 3%).</p> <p>Service user feedback gathered at individual service user review is summarised by provider below:</p> <p>Care South A total of 39 feedback reports were received by commissioners between the period January and November 2013. 32 out of the 39 feedback reports state that the service user had no concerns about the service they were receiving from Care South and were happy with the care they were receiving. 7 feedback</p>								

forms reported concerns all of which have been shared with the provider (these concerns were received between May and September 2013). No concerns were received in October or November 2013.

Way Ahead

A total of 24 feedback forms were received by commissioners between January and November 2013. 17 out of the 23 feedback forms received state that the service user is happy with the service that they are receiving from Way Ahead and there are no concerns, 6 concerns were recorded during the above period

Somerset Care

A total of 9 feedback forms were been received between January and November 2013. 6 feedback forms state that the service users were happy with the care they received, 3 feedback forms raised concerns.

Carewatch

A total of 28 feedback forms were received between January and November 2013. 25 of the feedback forms stated that the service users were happy with the care and support they were receiving, 3 feedback forms raised concerns.

In total 100 feedback forms were received, 19 of which raised concerns, a small proportion of which related to the timing of care visits. Of the other issues raised a number related to personal dislike of a care worker, some related to the continuity of staff and others related to service user expectations in relation to bed making, cleaning and domestic tasks. Only two serious concerns were raised which required immediate action (including disciplinary action in one case). All other concerns were promptly discussed and resolved with the care provider outside of the annual review process.

4.2 Significant work has been progressed with Sirona to re-design the adult social care pathway. This includes the development of the ASIST service whose primary aim is:

- To complete comprehensive contact assessments and to orchestrate appropriate next steps, from a range of agreed options/outputs, to respond to identified needs including referral/handover to Integrated Re-ablement, **direct provision of advice & information in relation to availability of local care & support services, onward referral or signposting to a range of other advice, information & advocacy services (including specialist financial advice), facilitation of access to a range of voluntary, community & housing-related support services e.g. community meals, ILS, facilitation of access to telecare, equipment & assistive technology**

4.3 As highlighted in 4.1 commissioners have a range of mechanisms in place by which service users can report difficulties or concerns in relation to the care they receive and have worked with providers to ensure that communication routes are in place to ensure that issues are addressed promptly. In summary, these include annual contract reviews, quarterly strategic partnership meetings, regular, informal meetings with individual providers, bi-monthly CQC liaison meetings, service user feedback forms and quality monitoring surveys. The usual complaints and compliments mechanisms in relation to both providers and the Council also apply.