



RESPONSE TO QUERY REGARDING CARE AT HOME SERVICES / DOMICILIARY CARE AGENCIES

Key issues regarding the Care at Home sector from the CQCs perspective

CQC observe similar issues which affect the whole of Adult Social Care (ASC). For example, staff vacancy rates, high turnover of staff and low pay. Particular concerns in respect of home care services are zero-hour contracts, lack of pay for travel and obviously the increasing cost of travel. We are seeing general issues with recruitment and retention cross ASC as the rest of the employment market has reopened after COVID and pay is generally better in other sectors like retail, hospitality etc.

Here are some headline findings on the home care workforce specifically from the House of Commons recent report on ASC workforce:

Zero-Hour contracts

55% of care workers working in domiciliary care were on a zero-hours contract. Skills for Care suggests the proportion was substantially lower prior to 2012. zero-hours contracts, shift work and night working are more prevalent among care workers than in other low paid occupations. Zero-hours contracts can, the report said, “create uncertainty about hours but to some offer flexibility, particularly to those who may have other responsibilities or wish to keep working hours below the threshold for Universal Credit eligibility. the Health and Social Care Committee noted the flexibility zero-hours contracts give employers but cited evidence that they offer “no guarantee of work or financial security to workers.” The Committee recommended new regulations should be introduced by 2023 in which care workers initially employed on zero-hours contracts “must be offered a choice of contract after three months of employment.

15-minute commissioning of domiciliary care

The Health and Social Care Committee's report on workforce noted some local authorities have moved towards commissioning domiciliary care in 15-minute increments. The report cited many care providers would say they are forced into offering unfavourable terms and conditions, including low pay, zero-hours contracts, and poor career pathways, because of care being commissioned in this way.

The Committee concluded the practice "is having a devastating impact on the continuity of care offered to service users and the terms and conditions under which providers must provide care." It added it "is within the Government's gift to remedy this situation by providing adequate funding to the social care sector."

Reasons for staff leaving

The top three reasons for domiciliary care providers were - better pay outside the care sector; better hours and working conditions outside the care sector; and feelings of burnout/stress

Pay

Skills for Care noted that although care worker pay has increased since 2012/13, "it's still amongst the lowest of the economy in general." In its July 2022 report on the health and social care workforce, the Health and Social Care Committee said it was "completely unacceptable that the practice of not paying for travel time means that some domiciliary care workers are effectively working for less than the minimum or living wage." It recommended the Government should issue new, clarified guidance and that the HMRC enforcement body must be proactive in ensuring all care workers are receiving at least the minimum wage or living wage for all the time they spend working.

Regional / national benchmarking data comparing Stockton-on-Tees' Care at Home providers with others outside the Borough

Current overall ratings for active services:

| Filter for Regions and LA(s) | | Care at home (DCA) ratings as a % of rated | | | | | Of all services % not yet rated |
|------------------------------|----------------------|--|----|-----|----|-------------------------------|---------------------------------|
| Region | Local Authority | IA | RI | GO | OU | Insufficient evidence to rate | |
| North East | County Durham | 0 | 11 | 80 | 9 | 0 | 21 |
| | Darlington | 0 | 7 | 87 | 7 | 0 | 6 |
| | Gateshead | 0 | 3 | 97 | 0 | 0 | 15 |
| | Hartlepool | 0 | 0 | 100 | 0 | 0 | 8 |
| | Middlesbrough | 0 | 0 | 100 | 0 | 0 | 28 |
| | Newcastle upon Tyne | 0 | 0 | 86 | 14 | 0 | 13 |
| | North Tyneside | 0 | 5 | 86 | 10 | 0 | 16 |
| | Northumberland | 0 | 12 | 66 | 22 | 0 | 7 |
| | Redcar and Cleveland | 0 | 31 | 62 | 8 | 0 | 24 |
| | South Tyneside | 9 | 9 | 64 | 18 | 0 | 15 |
| | Stockton-on-Tees | 0 | 4 | 93 | 4 | 0 | 18 |
| | Sunderland | 0 | 6 | 88 | 6 | 0 | 20 |
| England | | 1 | 12 | 82 | 5 | 0.07 | 25 |

Future CQC inspection plans for Care at Home providers

With regards to future assessment plans for Care at Home providers, as you are probably aware we are working on the new regulatory model at the moment. You can find further information about the way we will assess services on our website here: <https://www.cqc.org.uk/news/our-new-single-assessment-framework>

CQCs thoughts on the impact to the sector of the new Integrated Care System (ICS) arrangements

In terms of integrated care, there are a number of benefits to CQC having a role in assessing integrated care systems. These include:

1. Encouraging system partners to improve by working to ensure people using services can access care when they need it;
2. Understanding how different local systems are engaging different adult social care organisations and how the care for people from different vulnerable groups is being managed;
3. Maximising CQCs regulatory impact and improve care via strengthened ways of working, ensuring early identification of system risks and engaging at system level to influence the quality of care within that system; and
4. Assessing workforce recruitment, deployment and practices across the system.

We look forward to attending the meeting in December to present our annual State of Care presentation.

CQC
October 2022