Review of Home Care

Adult Services and Health Select Committee

Final Report

February 2015

Adult Services and Health Select Committee
Stockton-on-Tees Borough Council
Municipal Buildings
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Contents

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And a special thank you to all those who assisted with and responded to the Committee's consultation including service users and carers.

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Foreword

On behalf of the Adult Services and Health Select Committee, I am pleased to present our final report on home care.

The Committee has looked at how home care is commissioned and provided across all Adult client and age groups.

Good quality home care is crucial to the health and wellbeing of many people in the community.

The Committee has been particularly interested in how the quality of local home care is monitored and improved. The Committee is also keen to see a greater range of providers in the Borough, including further development of voluntary, community and social enterprise provision.

The Committee will continue to monitor the issues to ensure the best outcomes for local residents.

I would like to thank all those that have contributed to our review, attended Committee meetings, and responded to requests for information.

Councillor Kevin Faulks
Chair

Original Brief

Which of our strategic corporate objectives does this topic address? Council Plan 2014-15 - Adult Services - Enhanced quality of life for people with care and support needs
What are the main issues and overall aim of this review? To review the quality of local home care services (also known as domiciliary care services) across all client groups and including extra care schemes and specialist mental health and learning disability providers. The review is to make reference to the remaining in-house provision but to focus on the commissioned sector. The review will assess the regulatory and commissioning framework for local home care providers. This will include relevant Care Quality Commission, Quality Standards Framework, and Safeguarding reports and appropriate case studies. The Committee will also investigate different models of home care delivery (including care purchased with a personal budget and the role of the voluntary, community and social enterprise sector - VCSE) links to key issues/programmes including the Better Care Fund and the Care Act and eligibility. The review will include suitable methods of consulting with clients.

Executive Summary

1.1 This report presents the outcomes of the Adult Services and Health Select Committee's review of home care.

1.2 The aim of the review was to examine the quality of local home care services across all client groups and including extra care schemes and specialist mental health and learning disability providers. The majority of home care provision within Stockton is commissioned from external providers.

1.3 Home care is a service provided by paid care workers to provide help in the home to a person who needs support for assessed unmet needs. The service would be arranged following a social care assessment, carried out by a social worker. This includes practical support to help with activities of daily living, such as:

- help with getting up and going to bed, bathing, dressing, preparing meals and taking medication;
- help with shopping;
- helping the person engage in community activities.

1.4 Good home care is crucial to the health and wellbeing of those in receipt of care and also their families.

1.5 The review has highlighted how important home care services are, particularly for some of the most vulnerable people in the community.

1.6 Recent engagement work has shown positive feedback from those who are in receipt of care, although it must be acknowledged that securing feedback from home care users is a recognised challenge. A large number of issues (complaints and alerts) were raised at the beginning of the current home care contract period, but these have reduced over time to a more 'expected' level for the size of service under review.

1.7 There is always the need to work towards continuous improvement, and the Committee has also seen examples of where local services need to improve. With this in mind, the Committee is particularly keen to support work to monitor and improve the quality of local home care services.

1.8 The Committee believes that the terms and conditions for staff, and how they are valued, can have a direct impact on the quality of care provided. Therefore where possible the Council should work with providers to improve this, especially with regard to the extensive use of zero hour contracts.

1.9 The forthcoming tendering exercise provides an opportunity to take stock of the various options available to the Council to provide both stability and improve the range and scale of providers and models of care operating in the Borough.

1.10 The Committee recommends that:

1. **the Council should review the NICE Quality Standards for Home Care and check against current local practice when published (expected mid-2015), ensure consideration is given to including them in the next specification, and report back on this work to ASH Committee as part of the monitoring process.**

2. **the Council should consider the fee level ahead of the 2015 commissioning process to ensure it supports a sustainable high quality service, within the available resources.**

3. **a) the Council should work with commissioned providers to ensure that wherever possible zero hour contracts are not used, taking into account best HR practice, to ensure due consideration is being given to the use of minimum guaranteed hours contracts for staff;**

   b) the Council consider providing a guaranteed minimum level of home care hours to providers, taking into account expected demand and activity levels, whilst ensuring service users are able to exercise their choice of provider.

4. **participation in the Home Care Quality Standards Framework process to be made a contractual requirement for home care providers in the next contract**

5. **the outcomes from the Home Care Quality Standards Framework to be reported to ASH Committee on an annual basis, as part of the framework for monitoring the quality and safety of local care services**

6. **that the Council take forward discussions with the Regional Association of Directors of Adult Social Services (ADASS) and regional Care Quality Commission (CQC), in order to ensure that Local Authorities receive early notification of any issues of concern identified during CQC inspections of Adult Social Care providers, and ensure that consistent procedures are in place across the region.**

7. **the Council should examine procurement options so that not all of the commissioned home care service is procured at the same time. This would mitigate risks by increasing: stability in local service provision, the scope to support other models/pilot approaches, and the opportunity to develop a greater range of providers in the Borough.**

8. **a) the Council should continue to work with and engage the voluntary, community and social enterprise (VCSE) sector to further develop its services in this area of provision, including non-personal care support where appropriate, and this should include facilitating the development of mutual service providers in the Borough.**
   b) emerging good practice examples of VCSE sector provision be reported to the Committee as part of the six-monthly monitoring process

9. **as part of the monitoring process, an update on all the issues identified in the report and recommendations be reported to Committee in six months.**

Introduction

2.1 This report presents the outcomes of the Adult Services and Health Select Committee's review of home care. This took place during municipal year 2014-15.

2.2 The aim of the review was to examine the quality of local home care services across all client groups and including extra care schemes and specialist mental health and learning disability providers. The majority of home care provision within Stockton is commissioned from external providers.

2.3 The Committee heard evidence from the Council's commissioners and social work teams, Care and Share Associates Ltd, and Catalyst. All commissioned providers were surveyed and five surveys were returned. Two providers attended Committee.

2.4 Home Care has frequently been in the public spotlight over recent years. A number of national reviews have taken place and the results of these were considered by Committee.

2.5 Existing feedback from service users was reviewed; additional work was undertaken by Healthwatch to gather the views of a sample of people using home care, and the Council's STEPS service was engaged to gather the views of people using the enhanced proviers who care for people with more complex needs.

2.6 Members of the Committee also visited the Billingham office for Community Integrated Care (a provider on the Enhanced Framework).

2.7 The national 'Close to Home' review was undertaken by the Equalities and Human Rights Commission (EHRC) in 2011.

2.8 This was a major piece of work in response to concerns that there had never been a systematic inquiry into the human rights of older people receiving home care, despite people being cared for at home being more far more numerous than those in care and nursing home settings. The EHRC states that 'the potential risks to human rights when care is provided 'behind closed doors' are in many ways greater than in institutional settings'.

2.9 The review made a series of recommendations that are discussed further below. One was particularly related to the role of elected Members:

> 'To enhance the leadership of local authority elected members, training and guidance should be provided on using their Scrutiny function and their roles on Health and Wellbeing Boards to maximise the promotion and protection of the human rights of older people.'

2.10 The EHRC with Cornwall Council has developed a pilot training package This was showcased at the Noth East Scrutiny Network, and was used as the basis for local training that was developed and provided by scrutiny in conjunction with adult and legal services.

2.11 This was to both support the review and enhance Member development; all Members were invited, with ten attending. The materials have been included on the intranet and all Members are recommended to appraise themselves of the details.

Background

3.1 Home care is a service provided by paid care workers to provide help in the home to a person who needs support for assessed unmet needs. The service would be arranged following a social care assessment, carried out by a social worker. The service includes practical support to help with activities of daily living, such as:

- help with getting up and going to bed, bathing, dressing, preparing meals and taking medication;
- help with shopping;
- helping the person engage in community activities.

3.2 The aim is to sustain and maintain a person's quality of life and independence in their home and keep them safe and comfortable. Any support to carry out a task that would put the service user / carer at personal risk should not be provided, or any care that should be provided by a health-registered professional.

3.3 Eligibility for home care is assessed through a Community Care Assessment. In Stockton, this is undertaken by Social Work teams or Integrated Teams in Mental Health and Learning Disability services. In addition all identified carers are offered a Carer's Assessment.

3.4 If eligible needs are identified, clients receive a personal budget so they choose to either have commissioned home care, direct payments or a mixture of both.

3.5 Local residents may also arrange home care from a registered agency on a private basis. Stockton Council website provides a list of providers of home care, and social workers can provide information on how to access home care and will arrange for residents who are self-funding if they require support.

3.6 The Social Care Institute for Excellence (SCIE) outlined the principles of good home care in its 2014 'Guide to commissioning home care': 'good commissioning of home care helps older people to stay in their own home, when otherwise they would need to be in residential care. To do this successfully, home care should address not just the person's domestic and physical needs, but also their social, spiritual and emotional needs. This is challenging, as each person's needs are individual and no one approach will suit all.'

3.7 SCIE identified that good home care should:

- support people to live well in the community;
- prevent people with significant health or care needs from having to use emergency services or being admitted to hospital inappropriately;
- help people with care needs to look after themselves in the community.

3.8 Poor home care is characterised by poorly paid and poorly trained care staff, high staff turnover, poor continuity of care, and impersonal services.

National Context

3.9 Six million hours of regulated home care is delivered each week. Around £1.9bn is spent on home care, and independent providers now account for 89% of services.

3.10 On average the weekly cost of home care is substantially less than the weekly cost of care home or nursing care (in 2011/12, the average unit cost of providing home care to older people was estimated to be £177 per week and Direct payments to older people were estimated to cost less, averaging £155 per week; the average cost for residential and nursing care was £521 per week – HSCIC/NICE).

3.11 Several studies have been produced over the previous four years by regulators and representatives bodies, including commissioners, unions and providers. The Committee has been provided with the following:

- Close to Home Review (Equality and Human Rights Commission, 2011) and the Monitoring Review (2013);
- Guidance on human rights for commissioners of home care (EHRC, 2013);
- Top Tips for Directors Commissioning and Arranging Home Care (ADASS, December 2013);
- Deciding prices in public services markets (National Audit Office, 2013);
- A Minimum Price for Home Care (UK Home Care Association, 2014);
- Time to Care - Ethical Care Charter (Unison, 2012);
- Cavendish Review – Healthcare Assistants and Support Workers in the NHS and social care settings (July 2013);
- Guide to Commissioning home care for older people (Social Care Institute for Excellence 2014);
- Key to Care – Report on the Burstow Commission on the future of the home care workforce (LGIU/Mears Group 2014).

3.12 The Care Quality Commission (CQC) undertook a national themed review of Home Care in 2012-13. See **Appendix 1** for a summary of its findings. CQC undertake inspections of all social care providers and the Committee considered the results of inspections published during the review.

3.13 The National Institute for Health and Care Excellence (NICE) is in the process of reviewing best practice and developing guidance on 'delivering personal care and practical support to older people living in their own homes'. This is due to be published mid-2015 and the Committee recommends that:

1. the Council should review the NICE Quality Standards for Home Care and check against current local practice when published (expected mid-2015), ensure consideration is given to including them in the next specification, and report back on this work to ASH Committee as part of the monitoring process.

Findings and Recommendations

Home Care in Stockton-on-Tees

4.1 There has been a growth in service users using commissioned home care since 2012; the numbers are now higher than before the change to a tighter Fair Access to Care Services eligibility criteria in 2011. The number of commissioned hours increased to 535,817 for 2013/14.

4.2 In 2013-14, the total net Adults Outturn Spend was £48.8m, and Home Care Spending was c.£8m (excluding direct payments) which was 16.3% of the total.

4.3 As of June 2014 there were 1073 commissioned home care users. In September 2010 the average care package size was 7.4 hours per person per week; this had increased to 9 hours by June 2014. This indicates an increasingly dependent population.

4.4 Home care support can include assistance with any of the following:

- Training in self-care skills;
- Getting the service user up out of bed or in bed;
- Washing, bathing, hair care, hand and fingernail care, foot care (but not any aspect of foot care which may require a state registered chiropodist);
- Management of continence aids;
- Dressing and undressing;
- Toileting, including necessary cleaning and safe disposal of clinical waste/continence pads;
- Shaving, application of make-up, including dentures;
- Eating and drinking, including associated kitchen cleaning and hygiene;
- Food or drink preparation;
- Medication has been prompted or administered and records maintained in accordance with agreed protocols.
- Preparing the service user for the night, making the home safe and secure before leaving;
- Supporting and facilitating the service user's access to social, vocational and recreational activities as stipulated in the support plan;
- Helping individuals to make their way to places and to assist in road safety and learning routes;
- Attendance at day care, accessing social activities etc.; and
- Shopping and handling their own money, including accompanying the service user to the shops.

4.5 Service users can find information on services not covered by home care such as the Home Improvement Agency through the Council's website or via a Social Worker.

4.6 After completing the community care assessment process, clients with eligible needs may choose to have commissioned home care, direct payments or a mixture of both.

4.7 Following assessment of eligible needs, if a person is referred to a care provider, the provider is required to undertake a further assessment and development of a care plan which clearly identifies the client's individual, cultural and social preferences and choices in the delivery of their care.

4.8 All providers are required to meet individual needs. Where an unmet need cannot be appropriately met through a commissioned service, Adult Services would consider the options to meet this need. Recent examples include a specialist service for hearing impaired clients in 2013, commissioning a provider to meet the complex needs of one service user, and seeking to develop a specialist BME language service.

4.9 The overall aim of the home care services is to achieve outcomes for the service user. These are:

1. improved health and wellbeing
2. improved quality of life
3. making a positive contribution
4. exercise of choice and control
5. freedom from discrimination and harassment
6. economic wellbeing
7. personal dignity

4.10 Commissioned home care packages can be made up of a number of call types. **Appendix 2** summarises the call types and length in the current specification. The aim is for services users to be supported to achieve outcomes, although social workers must still be relatively prescriptive when outlining to providers the type of calls needed.

4.11 The make up of packages is assessed by the Social Worker and monitored during the first six weeks to ensure it is providing the required level of support and care. This is then reviewed annually but a review can be requested by either the provider or client at any time.

4.12 National discussion of home care has often focused on the amount of time allocated to care, and the use of short 15 minute calls in care packages. The Committee found that in Stockton, 15 minute calls are included in the commissioned specification to provide a '*safety, welfare and wellbeing monitoring and support visit with no personal care'*. Providers were paid for 20mins to reflect the relatively longer travel times associated with shorter calls. These visits can be used to:

- Check and confirm the service user is safe, comfortable and secure in their own home;
- Update the daily record sheet with accurate, clear and reliable information on the clients health, welfare and views / concerns;
- Assist with prompting and administration of medication at levels 1, 2, and 3;
- Prepare and ensure the service user has taken and has access to drinks;

- Continuously engage with the service user during the call through appropriate caring and sensitive conversation. This includes understanding and respecting how the service user wishes to be addressed, and
- Ensure the service user feels comfortable and safe before leaving.

4.13 Twenty minute calls are included in the specification for use when appropriate, to provide '*safety, welfare and wellbeing monitoring and support visit with limited personal care'*. In January 2014, out of 926 service users, ten received 20 minute calls as part of their package.

4.14 Enhanced home care differs from the 'standard' framework in a number of respects and is aimed at providing additional, more specialist support for peple with learning disability and complex needs. This includes relationship support and the promotion of social inclusion.

4.15 Staff members caring for older people are required to wear uniform, whereas for some clients using the enhanced providers it is more appropriate for non-uniformed staff to work with them as this helps the service user engage in the community. Care staff working with users of the enhanced clients would typically be providing much longer sessions of support over many hours each day in some cases.

Direct Payments

4.16 As of October, c.563 clients aged over 16 received a direct payment, a significant proportion of whom will be using this to arrange personal care. 124 people were using their direct payments to access care through a registered home care agency, with the remainder employing their own personal assistant.

4.17 If personal assistants are employed this means the client would become the legal employer. Family members or close friends may take the role of paid carer upon agreement. £9 per hour was paid by the Council, and the average wage paid was £7.50 per hour.

4.18 The Committee noted that support is available to clients that choose to use Direct Payments to arrange their care. From October 2014 this has been provided by the Council's Personalisation Support Team; this team processes payments, supports with recruiting, assists the clients in understanding their employment responsibility, provides advice and information on legal obligations and HMRC obligations. Xentrall can provide a payroll function.

4.19 All clients who receive a direct payment submit monthly monitoring sheets to ensure money is being spent on needs. Clients are risk assessed to determine if there are any risks in them receiving a direct payment and the outcome of this determines how often care management reviews should be completed. Audits are also undertaken by Internal Audit. Any safeguarding concerns highlighted by the team are referred to the safeguarding team.

4.20 'Close to Home' recognised the potential barriers to take up of direct payments (including the potential level of support needed by clients to manage their

responsibilities) and noted that personalised care should be provided whether or not the service user has a direct payment.

4.21 The engagement work undertaken by Healthwatch indicates that those using direct payments had expressed a positive experience.

4.22 The Committee considered the role of assistive technology to maintain a person's independence. All social workers identify where assistive technology (including carecall and telecare) can meet individuals needs before home care is considered. Assistive technology can be used as a stand alone service or to enhance a service provided by home care.

4.23 The Council provides a care call and telecare service. The Committee was provided with a range of examples of technology including: bed and door sensors, falls sensors, medication dispensers, and environment sensors (flood, heat, smoke etc). Many of these are monitored remotely, with staff attending to any incidents of concern. This is in addition to client–operated alert button systems, to be used for example if they had a fall.

4.24 There are 7000 users of care call, and 2500 are private self funders. 10,000 calls are received per month; some were welfare issues that could be resolved over the phone system, whereas others require a response to attend the home. 97% of call outs were attended within 30 minutes.

4.25 Price ranged from £3.70 per week for the care call box and button alert system, to £11.94 per week for the 'all-inclusive' package. If clients are available for a full care package, the costs can be included in the overall financial assessment.

The Commissioning of Home Care

4.26 Prior to re-commissioning home care in 2012, the Council undertook a consultation exercise to identify the service and delivery outcomes needed to

meet current and future demands. A Framework contract was developed for the period 2012-2015 and services are due to be re-commissioned from October.

4.27 The contract is split into the 'standard' and 'enhanced' frameworks. Although all providers were awarded contracts as part of a framework to cover the entire Borough, the Council allocated existing care packages in a geographical area to a chosen provider to ensure continuity of care and avoid unnecessary transition of service users and staff.

4.28 The following providers are commissioned in Stockton –on-Tees:

Framework	**Providers**
Standard Home Care	Brookleigh; Direct Health
Enhanced Home Care	CiC; Castlerock (CRG); Creative Support
Extra Care/ Outreach	Comfort Call (via Aspen Gardens); Dale Care (via Parkside Court); Brookleigh (via Meadowfield)
Spot arrangement (individual care package)	3Scoreyearsandten

4.29 98% of home care is commissioned from the independent sector from these providers, with a minimal in-house home care service. Providers operating in the named Extra Care schemes also provide outreach into the local community and this provides additional capacity in local services.

4.30 An indication of the hours provided per week by the standard and extra care providers is as follows (as of June 2014):

Provider	**Hours per week**
Direct Health	3870
Brookleigh	4020
Brookleigh Extra Care	566
Brookleigh Outreach	98
Dale Care Extra Care	378
Dale Care Outreach	34
Comfort Call Extra Care	509
Comfort Call Outreach	641
Total	10,116

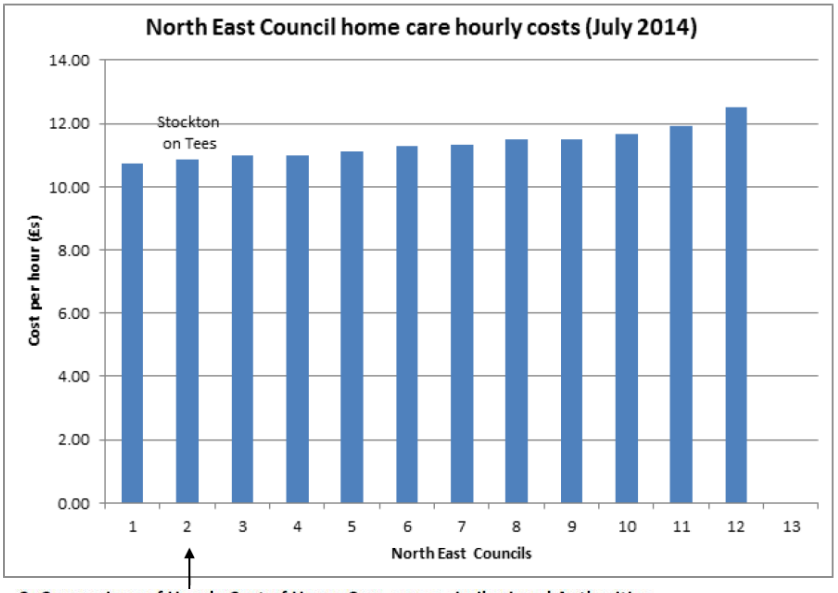
4.31 Individual providers decided, through a competitive tender process, the price they would be prepared to work in Stockton in September 2012. A ceiling to the fee of £10.85 (standard) and £12.80 (enhanced) was agreed, and this capped the level providers could bid and be considered as part of the tender process.

4.32 In 2012 tenders were assessed with 80% of the consideration on quality, and 20% on cost. Adult Services advised that travel time was an element that

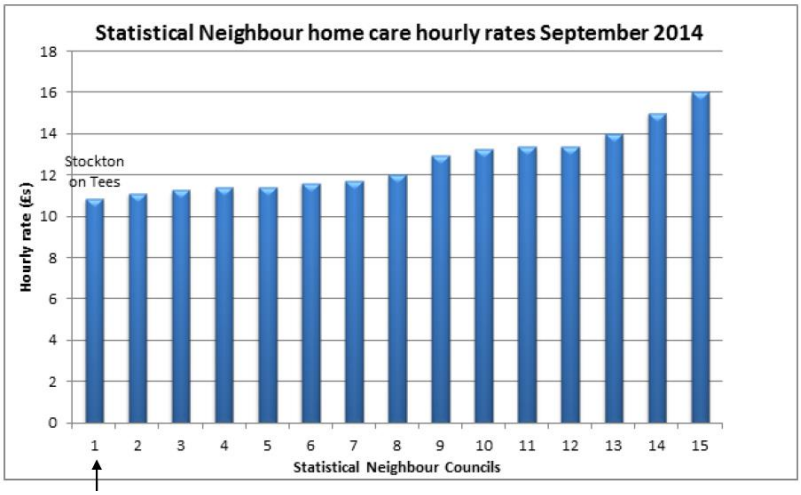
providers must have considered as part of their tender bid. All providers were made aware of the volume and number of service users; these points were reinforced through questions during the Invitation To Tender stage of the process.

4.33 Fees paid by Stockton were comparatively low compared to regional and statistical neighbours. The North East is a relatively low paid region, even compared to this sector as a whole. A comparison as of September 2014 is as follows [nb Stockton's position has changed since October – see 4.35]:

1. Comparison of Hourly Cost of Home Care across the North East



2. Comparison of Hourly Cost of Home Care across similar Local Authorities



4.34 Since 2012/13, providers have made representation regarding the costs pressures they are facing to operate within the home care market. They say this

had impacted on their ability to recruit and retain staff and subsequently on their capacity to deliver services.

4.35 Within the special terms and conditions of the contract, the Council included a clause to allow it to review the fee to consider these pressures. This process took place during the period of the review, reflecting the increased pressure of travel time and increase in the national minimum wage. Following the fee review, Stockton will move closer to the mid-point of the regional authorities from October.

4.36 Cost is generally considered to be an important influence on the quality of services. National reviews have highlighted close links between costs and quality, within the overall context of reduced resources available to Councils.

4.37 The Close to Home review considered that too much focus emphasis on cost can, unless properly managed, increase the risks of:

- rushed visits
- 'call cramming' – in extreme cases - where providers over-book home care visits on a worker's rota, making it impossible to ensure each visit takes the allotted time
- not paying workers for travel time
- impact on pay on conditions
- difficulty recruiting good quality staff

4.38 However, in Close to Home, the Association of Directors of Adult Social Services outlined that 'it is recognised that the current financial climate presents real challenges to local authorities in commissioning services but it is noteworthy that the standards of care are not always linked to the price of services. There are many providers of good quality care which promote the human rights of older people whose costs are lower than average.'

Cost is clearly a key factor for both provider and commissioner, and the Committee recommend that:

2. The Council should consider the fee level ahead of the 2015 commissioning process to ensure it supports a sustainable high quality service, within the available resources.

4.39 Current providers must implement a form of call logging and monitoring as part of their service in Stockton. Various automated systems are in existence and the chosen method must meet the requirements set by commissioners. This system, whereby care workers log in and log out at each call, enables visits to be monitored and prevents call cramming.

4.40 Under a Section 75 of the NHS Act 2006 arrangement, Adult Services commission home care services on behalf of the Clinical Commissioning Group. Health partners are consulted in relation to the service specification and design

and involved as appropriate in the tender evaluation process. Other Council services including Housing are consulted on service design.

4.41 Commisisoners have a responsibility to monitor provider risk. Stockton does this in four different ways:

- Contractual terms and conditions: the contract in place requires providers to produce and maintain Business Continuity Plans, which the Council monitor to ensure service users are not adversely affected by seasonal and other events.

- Quality Assessment: all providers are subject to a proactive annual assessment called the Quality Standards Framework (QSF), which aims to identify strengths and issues of concern in the service (see below)

- Activity monitoring: all providers are required to feed information to the Council on a four weekly basis. These are seen alongside the significant events log, a database of high level (safeguarding alerts) and low level (eg. complaints) issues which are logged, shared and investigated with the provider. It allows the council to identify patterns in performance and quality information.

- Regulator / Provider relationship: the council maintains an open dialogue with both the providers and regulator which allows us to share information in relation to service issues. This is captured in the monthly risk log that is shared and discussed with Adult Care Management Team.

4.42 Quality monitoring is discussed further below. Financial sustainability is an issue covered through the regular dialogue with all providers on an annual basis. It has been discussed with all providers this year and has informed ongoing work on the year two and year three contract fees. Contingency plans for provider failure are required to be in place. The CQC shares information with the council in relation to the financial viability of providers.

4.43 Under the Care Act 2014, the Council will have a responsibility to ensure that care continues if a provider fails. This will be irrespective of who pays for a person's care.

Home Care and Human Rights

4.44 The Human Rights Act 1998 incorporated the European Convention on Human Rights into UK law. This allows individuals who believes their rights have been infringed to bring cases in UK courts against the relevant public authority (whereas previously they had to bring a case against the state itself in the European Court of Human Rights). The Articles of the Convention are attached at **Appendix 3**.

4.45 Local Authorities must take into account the ECHR in relation to all their functions. Independent providers also have to comply with Act when they are performing 'public functions'.

4.46 Public authorities also have 'positive obligations' to promote and protect ECHR rights. These obligations include:

- preventing breaches of human rights (which may include protecting individuals from the actions of others)
- deterring conduct that would breach human rights
- responding to breaches (for example carrying out an investigation)
- providing information to individuals to explain any risks to their human rights being eroded if a risk exists.

4.47 The FREDA principles provide a useful checklist summarising the values underpinning the Convention to use when considering policies and practice. These are:

F airness
R espect
E quality
D ignity
A utonomy

4.48 The Human Rights Act is about promoting a wider culture and not just a legal framework.

4.49 Using a Human Rights Framework when reviewing or commissioning home care means focussing on key areas where poor home care may compromise human rights of an individual, potentially leading to poor care and harm, including:

- dignity and security
- autonomy and choice
- privacy
- social and civic participation

4.50 The Close to Home review identified where human rights could be put at risk within the home care context and considered how commissioners and providers must take steps to prevent this.

4.51 Poor care may breach rights in a number of different ways; an extreme but cautionary example was that of the Gloria Foster case in Surrey.

4.52 Mrs Foster received homecare from an agency and was a self-funder, although health professionals were also involved in her care. A planned raid on the agency by the UK Border Agency was expected to find immigration violations and lead to closure of the home care agency.

4.53 Safeguarding meetings were held to make alternative arrangements for the care of service users. Those who were funded by the local authority were identified prior to the raid and their needs met. Self funders should have received advice and support. Thee is some dispute as to whether a phone call was made to Mrs Foster after the raid but there was no record of a reply.

4.54 There was an assumption made that as a self-funder Mrs Foster would have been able to arrange her own care, and so she was not visited. A District Nurse visited on a pre-arranged visit over a week later and Mrs Foster was found suffering from starvation and dehydration, having received no personal care. She was admitted to hospital but died a few days later. The Serious Case Review picked up issues around social care workloads.

4.55 This case, from another area, highlights the potential vulnerability of home care users, and the risks inherent in transferring care responsibilities when several agencies are involved.

4.56 One issue identified by the Close to Home review was that although the legal scope of bodies performing 'public functions' had been extended to cover independent care home services when commissioned by local authorities, domiciliary home care services provided by third parties on behalf of councils were not covered. This was addressed under the Care Act 2014 and independent home care providers will be included in future.

4.57 Prior to this and in the interim period, local authorities have been able to include clauses in contracts requiring providers to act in compliance with the Human Rights Act and giving care service users 'third party' rights to challenge human rights breaches directly with providers. This could protect the local authority from legal challenge and be good practice.

4.58 The Committee therefore examined whether the Council undertook this approach prior to the Care Act, and how Stockton had responded to all the Close to Home recommendations directed to Local Authorities. These recommendations and responses are outlined at **Appendix 4**.

4.59 In a monitoring review in 2013, EHRC made a further recommendation that 'all local authorities use costing models which incorporate essential elements for safe and legal care and that they demonstrate transparency about how their home care commissioning rates are calculated by putting costing models on their websites'. This is being considered further by Adult Services and will be discussed with providers in due course.

4.60 The Close to Home project emphasised the importance of taking a personalised, outcome-focussed approach to care, meeting individual needs, and ensuring policies and training reinforce a shared understanding of human rights.

Commissioned Providers, Staffing, and Zero Hour Contracts

4.61 There is a range of commissioned provider types operating in the Borough. As examples: Brookleigh is a local Stockton business, CIC is a national charity focussing on supporting more complex needs across a range of service types, and Direct Health and Comfort Call are large operations provide home care in different regions.

4.62 The Committee surveyed all commissioned providers and five were returned, and Comfort Call and Community Integrated Care attended Committee. Brookleigh were unable to attend due to illness but completed a survey.

4.63 Themes from the survey response were as follows:

- good relationships with the Adult Commissioning Team;
- examples of learning from complaints (eg. improved telephone systems, increased focus on continuity of care);
- a variety of methods used to manage call times and travel time, including geographical allocation of duties, and use of local teams that can cover each other if necessary;
- examples of training and work undertaken to promote a human rights culture.

4.64 Key challenges in providing home care include:

- staff recruitment and retention (including ability to attract suitable staff);
- ability to provide continuity of care;
- in some cases the hourly rates paid;
- expectation around the amount of care that could be provided;
- the increasing needs of the client group.

4.65 Specific issues were raised for example a request to consider 'banking' hours for enhanced clients to enable greater flexibility. Brookleigh noted that they face misunderstanding and lack of appreciation of the home care role from other health professionals, and a range of service improvements were also put forward (for example, improved communication with social workers). The survey results will be examined by the Commissioning Team.

4.66 In discussion with the providers, the importance of the home care role was reinforced by the belief that the sector as a whole had, over time, taken on a range of tasks that would have previously been undertaken by health workers.

4.67 The Committee was concerned to learn of the extensive use of zero hour contract in the home care sector. Within Stockton, of those that responded to the Committee, all commissioned providers use them to some extent, aside from CIC: Brookleigh and Comfort Call use them exclusively; Dale Care's extra care staff have part time contracts whereas their outreach staff are on zero hours arrangements; Castlerock uses them for the majority of their staff.

4.68 The Committee also considered information from Care and Share Associates (CASA) which is a social enterprise home care franchise not currently operating in Stockton. CASA also uses zero hour contracts; CASA reported that when they had consulted staff they had wanted to retain them in the most part due to the flexibility (nb. under CASA's business model, all employees still receive shares.) Providers stated that they aim to provided staff with the hours that they request.

4.69 The Committee was concerned to see that the carers for some of the most vulnerable sections of the community were not on contracted hours and the potential impact this has on the value placed on staff, and the attractiveness of the role.

4.70 Provider views centred around the nature of the home care business and the fluctuation in levels of work, due to factors such as mortality and unplanned hospital stays. Local authorities did not typically pay retention payments in those circumstances. Stockton no longer undertakes commissioning on a block contract basis (i.e a guaranteed level of hours) due to the need to offer clients choice.

4.71 With the home care contract, there are no specific requirements in relation to the use of zero hour contracts, however, a clause states "the contractor shall comply with all relevant legislation relating to its employees however employed (but not limited to) the compliance in law of the ability of the employees to work in the United Kingdom". Commissioners expect providers to use zero hour contracts in the spirit they are intended. The Council does, on an annual basis, discuss staff terms and conditions to assess whether this is causing an issue in terms of providing a consistent service, recruitment and training of staff.

The Committee recommend that:

3. a) the Council to work with commissioned providers to ensure that wherever possible zero hour contracts are not used, taking into account best HR practice, to ensure due consideration is being given to the use of minimum guaranteed hours contracts for staff;

b) the Council consider providing a guaranteed minimum level of home care hours to providers, taking into account expected demand and activity levels, whilst ensuring service users are able to exercise their choice of provider.

4.72 Continuity of care is a key consideration in home care. Providers noted that it is not feasible to constantly provide a dedicated member of staff to a particular client due to factors such as sickness, leave, and turnover, and some clients received up to four visits a day. Enhanced care would see longer care sessions with greater opportunities for support workers to build up a relationship with clients. CIC noted that they try and build a team of 3-4 workers around new clients to enable some continuity so they see a set of recognisable faces.

4.73 A number of providers highlighted the difficulty in attracting new staff, particularly candidates with the necessary dedication and values. CIC noted that it cost c. £4000 to replace a member of staff. Issues included the attractiveness of the role, competition from more attractive and better paid roles in sectors such as retail, and the length of time it took for Disclosure and Barring Scheme disclosures to return (by which time the applicant may have gone elsewhere).

4.74 Therefore the focus was particularly on retention of staff. Comfort Call, for example, provided the opportunities to undertake professional development, and their efforts to promote caring as a worthwhile career option.

4.75 It was noted that staff without training or qualifications upon entry may still be very good care staff due to their attitudes and behaviours.

4.76 The Cavendish Review into the role of Healthcare Assistants and Support Workers in social care and the NHS (2013) outlined a number of examples whereby a person's values were assessed as part of the recruitment programme, rather than a focus on qualifications. This ensured people were applying for nursing and care assistant jobs for the 'right reasons'; this helped with staff retention and performance.

Engagement and Consultation

4.77 In its guide to commissioning SCIE note that most service users say that they are satisfied with the quality and level of care they receive, but that the evidence also shows that older people tend not to complain (nb. its publication focusses on older people). Research that took account of this showed the following:

- older people want to remain in their own homes;
- older people want to have a good quality of life;
- older people want to develop good relationships with their carers;
- older people want to receive high-quality, personalised care.

4.78 The key points from the Council's 2012 consultation ahead of that year's tender exercise included four key areas that were reflected in the revised service specification: punctuality, carers staying the allocated time, continuity of carers, and the promotion of dignity.

4.79 Between June and Oct 2014, as part of the QSF process outlined below, 36 service users of Brookleigh, Direct Health and Dale Care were surveyed and these results showed generally 'excellent' or 'good' responses to a range of questions on punctuality of calls, continuity, dignity and respect, and overall satisfaction. The scores were worse (ten for 'poor', and ten for 'adequate') for the statement 'the care company always contacts me if there is a change to my schedule'.

4.80 The Hartlepool Carers organisation is supporting the carer involvement aspect of the Hartlepool and Stockton-on-Tees Dementia Collaborative project. They report that the main issues they pick up in relation to home care are continuity of care and timeliness, which is particularly an issue for dementia clients.

4.81 To enhance the range of consultation information available to the Committee, additional engagement activity was undertaken. A sample of clients using providers on the standard framework were contacted by the Council and invited to complete a survey with Healthwatch (via telephone or home visit). Healthwatch produced a report that was reported to the Committee and is included at **Appendix 5.**

4.82 It is recognised that the response rate was low and not statistically significant and that the results must be seen in that context. As noted above, consulting with users of home care is a recognised challenge due to factors including a perceived possible impact on their care arrangements. However Members recognised that the feedback must not be disregarded as each case was important.

4.83 The feedback was generally positive, and particularly so from users of direct payments, although half of respondents did highlight that they were rarely informed about changes in the schedule.

4.84 It was noted that some clients provided a negative response in relation to the amount of control they had over their lives, whether they 'felt adequately safe', and their amount of social interaction. Some of these issues reported to Healthwatch may not directly relate to their home care service, however commissioners will take forward any issues identified.

4.85 The Adult Services Outcomes Framework in part uses the results of the national, annual Adult Services User Experience Survey to measure and compare Council performance (across all care services) in a representative way. This includes the same questions as noted in the previous paragraph and the overall Council results for 2014 for these issues showed that the Council is near or above the England average.

4.86 A number of specific issues were also identified in discussion with clients, including the experiences of clients when they had contacted the provider's office, for example calls not being returned. These will be reviewed and actioned as appropriate by the Adult Service Commissioning Team. An example of action taken to previously address a similar issue was the introduction by Brookleigh of two separate phone lines so that staff and clients were not competing to use the same telephone number.

4.87 Healthwatch also took the opportunity to consult with young carers via Eastern Ravens. This provided an alternative viewpoint when considering the development of home care services and the feedback is attached (although this must be considered in the context of young carers and their family members being a small proportion of the overall client group; an opportunity was developed for Adult Carers to be consulted via a survey promoted by Sanctuary in particular; responses were low).

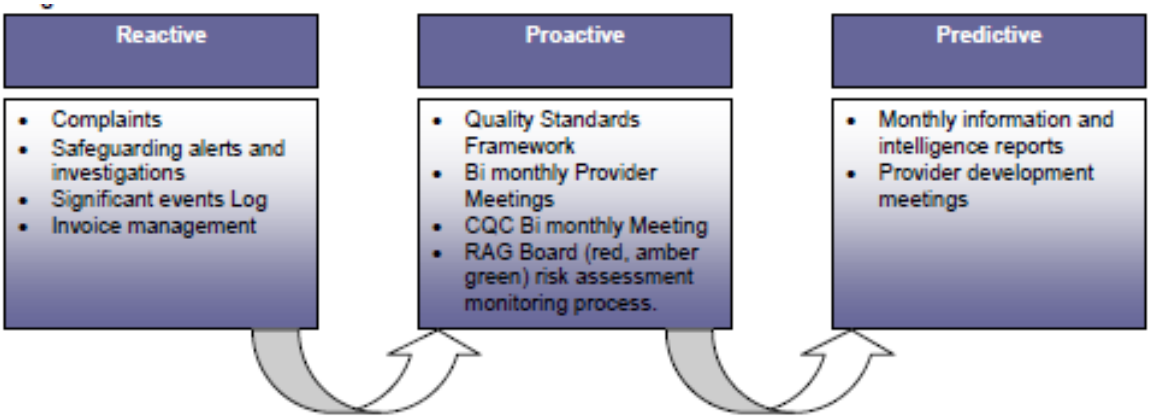
4.88 A sample of clients (18 out of c.100) using the enhanced home care providers were visited and consulted by the Council's STEPS Team which includes staff members with the appropriate skills when consulting with people with more complex needs.

4.89 The majority of the feedback was positive and satisfaction levels were high; however where clients indicated, for example, that they did not 'always' have a regular team of care workers, or 'always' have workers that understood the care needs as outlined in the support plan, the Committee requested that these be investigated further as Members considered that a consistently good level of service should always be provided.

4.90 All comments received must be considered alongside the full range of feedback gathered throughout the length of the contracts, and this is outlined in the following section.

Quality Monitoring and Improvement

4.91 Monitoring and improving the quality and safety of local home care services was a key area for the Committee. A summary of the Council's approach to monitoring of services is as follows:



4.92 These processes contribute to the overall management of the home care risk framework noted above. They are within the overall context of an open dialogue with both the providers and regulator described above.

4.93 Feedback from clients is gathered in a number of ways. The Council has to complete a statutory user experience survey (UES) every year and report this to the Department of Health. This is stratified and includes home care service users. Through informal feedback and comments, the Commissioning Team gathers views on the overall home care service. The Council is also required to complete a bi-annual carers survey. The next one will be completed in April 2015. To enhance this, the Committee undertook additional consultation as described above.

4.94 Feedback from comments, incidents and complaints is used to performance manage the provider and take appropriate action. This has resulted in a number of changes to the service in the past two years, including:

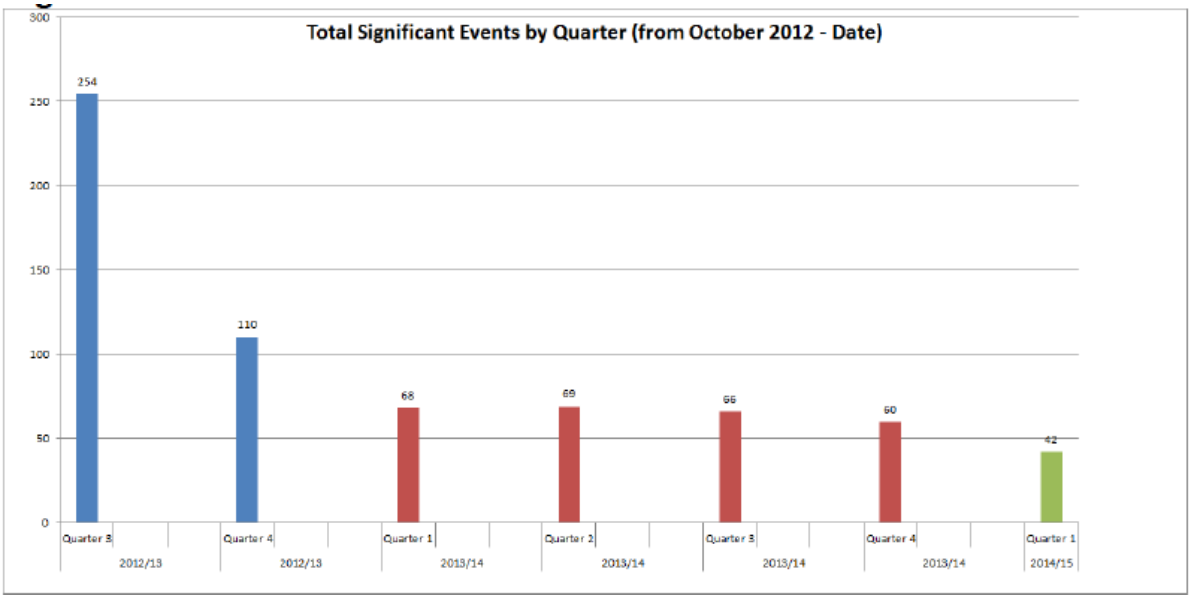
- transition of work from one provider to another due to carer capacity issues identified through complaints; and
- focus on medication management systems and procedures.

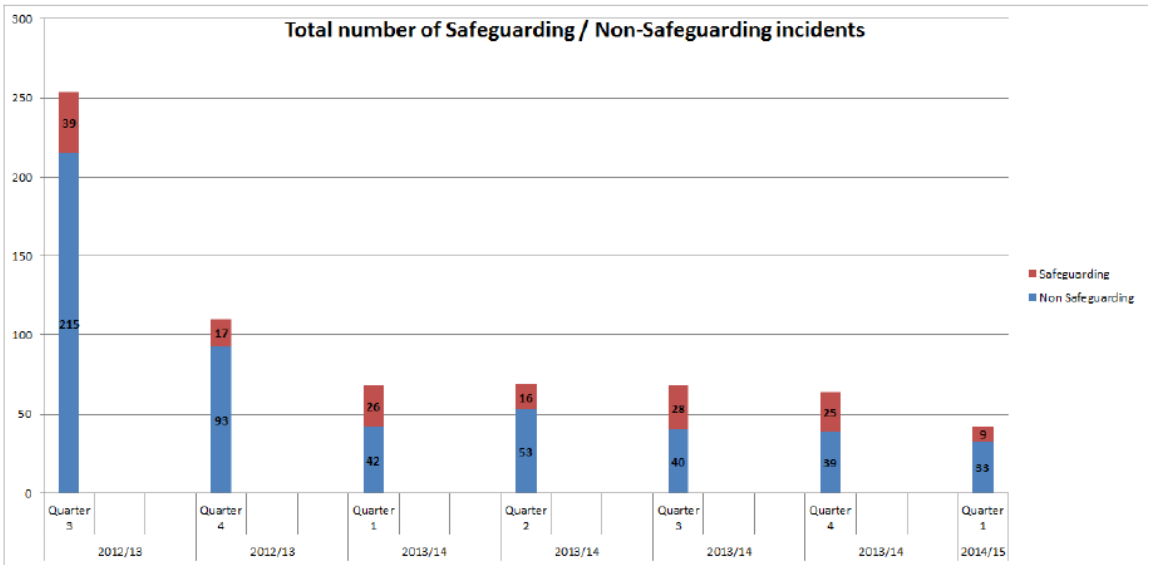
4.95 Requirements on safeguarding are specifically addressed in the specification - this highlights the local protocols and requirements (for example, training and recruitment requirements). Commissioners attend all appropriate safeguarding meetings and will jointly investigate issues with the safeguarding team and implement recommendations.

4.96 The following charts highlights all the issues, concerns, complaints and safeguarding alerts for all home care and extra care providers on a quarterly

basis. At the introduction of the new home care contract, the Council had to deal with a significant number of issues and complaints as people transferred to the new providers. In most cases, these were the result of late or missed calls, due to a number of issues relating to poor rostering, ineffective management and previous poor practice.

4.97 The level of complaints/concerns/alerts raised with the Council has reduced over time to a more 'expected' level for services of this size over the period Q2 2012-13 to Q1 14-15.





4.98 The expectation is that with continued close monitoring and the development of the Quality Standards Framework, there will be a continued reduction of complaints and alerts, whilst recognising that this must be considered against the increasing complexity of care delivery.

4.99 On a more pro-active level, the Quality Standards Framework (QSF) is an annual process designed to audit procedures, policies and competence of staff in delivering care and support. Based on identified risk, specific questions are included to ensure we identify potential risk early and resolve them (for example, it was agreed to include financial management in 2014 following safeguarding alerts in 2013 relating to financial abuse). Assessment is by self-assessment and on-site visits and the Committee was provided with the standards and processes to be used. Sections include care planning, staff competency, and medicine management.

4.100 Scores are given as follows: Outstanding, Good, Requires Improvement, Inadequate. This follows comments made to improve the terms used in the grading process when the Committee separately considered the Care Home QSF. All providers will be required to develop an action plan following the assessment to provide evidence of continuous improvement.

4.101 The QSF for Home Care is currently being piloted and sign up specifically to the QSF is not yet mandatory as part of the current contract. The Committee has reviewed the scores for 2014 compared to 2013 and from those that took part, the overall trajectory is for an improvement in scores. Scores are not currently linked to fee levels.

4.102 This process can identity common themes, for example medicine management was a concern during the first round of QSF results.

4.103 The Home Care specification outlines requirements in relation to the key issue of medication management for people assessed as needing support. This was developed in partnership with the PCT Community Pharmacy Team in early 2012.

4.104 The Council also shared information on quality with key partners. These include:

- CQC: bi-monthly meetings where provider performance and issues are discussed.
- Clinical Commissioning Group / North of England Commissioning Support: Meetings are held to monitor the lead commissioning arrangements on behalf of the NHS.
- Home care provider meetings: we have quarterly provider meetings where specialists are invited to discuss topics / issues which are of concern and interest as well as identifying and reviewing general issues common to providers (e.g. infection control).

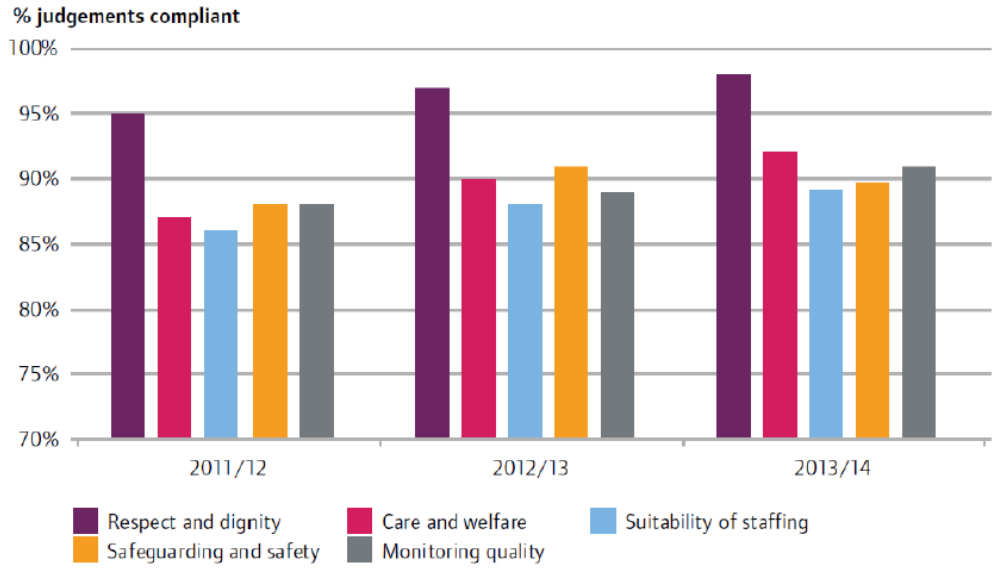
4.105 CQC has the regulatory framework to enforce and the Council liaises with them over issues they should be taking forwards. Within contracting, commissioners have three options:

- Special terms and conditions provide the basis for some liquidated damages if systems and procedures were not implemented appropriately. This was invoked in 2012/13 and the provider had to re-pay money to the Council;
- An embargo on new referrals can be placed, which is designed to give the provider and the Council time to work through issues; or
- The Council can terminate the contract entirely and award the contract to a third party. There are clauses within this provision where the council can take action to recover costs if certain criteria are met.

4.106 CQC is implementing a new inspection programme for adult care. This will see future inspection reports using the following ratings: Inadequate, Requires Improvement, Good, and Outstanding. This is in contrast to the previous regime based on compliance with standards, and should assist in identifying good and best practice in the sector.

4.107 The following shows a summary of trends in outcomes across all home care services inspected by CQC across the country.

Trends In Performance Against Quality Standards, Domiciliary Care Agencies, 2011/12 to 2013/14 (CQC State of Care Report 2013-14)



4.108 During the review three CQC inspection reports were published on commissioned providers. Results were as follows:

- 3ScoreYearsand10 (June Inspection) received a compliance action against outcome 12 (People should be cared for by staff who are properly qualified and able to do their job)

- Brookleigh Caring Services (Inspected in June-August 2014). Report published in December outlined that all standards inspected were met.

- Direct Health (inspected September 2014). Report published in January outlined a number of concerns and CQC issued warning notices against four standards: people should get safe and appropriate care that meets their needs and supports their rights (Outcome 4); people should be given the medicines they need when they need them, and in a safe way (Outcome 9); the service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care (Outcome 16); and people's personal records, including medical records, should be accurate and kept safe and confidential (Outcome 21).

4.109 Members considered the results of the Direct Health report and the Council's response. A number of actions have been taken to improve services and the position is being kept under review, with a re-inspection due to take place to assess improvements made.

4.110 The issue has in effect provided the Committee with a 'real time' example of the quality monitoring systems that are in place. The inspection of Direct Health took place in September 2014, but the Council was only notified of the results of the inspection and their judgement during December, due to the internal CQC ratification process in meeting its obligations as the statutory regulator. The Committee was concerned by this time lag and believe that CQC should flag up any issues at a much earlier stage in the process, particularly using the communication links that should already exist with the Council.

4.111 The main commissioned services contracts are due to lapse for re-tendering from October 2015 unless the decision is made to exercise the contractual option to extend for a further one year period (should a decision be reached to re-tender the service it is considered that there are enough providers in the region to ensure a competitive bidding process, providing a competitive fee is offered).

4.112 This could potentially be a significant shift of care from one provider to another, and the Council would wish to avoid the significant spike in issues reported in 2012 following the previous tender exercise, and any other issues that may arise from the involvement of multiple organisations.

4.113 Options should therefore be examined to ensure stability during the next commissioning round including ensuring an element of continuity wherever possible.

4.114 The Committee recommends that:

4. participation in the Home Care Quality Standards Framework process to be made a contractual requirement for home care providers in the next contract

5. the outcomes from the Home Care Quality Standards Framework to be reported to ASH Committee on an annual basis, as part of the framework for monitoring the quality and safety of local care services

6. that the Council take forward discussions with the Regional Association of Directors of Adult Social Services (ADASS) and regional Care Quality Commission, in order to ensure that Local Authorities receive early

notification of any issues of concern identified during CQC inspections of Adult Social Care providers, and ensure that consistent procedures are in place across the region.

7. the Council should examine procurement options so that not all of the commissioned home care service is procured at the same time. This would mitigate risks by increasing: stability in local service provision, the scope to support other models/pilot approaches, and the opportunity to develop a greater range of providers in the Borough.

Involvement of the Voluntary, Community and Social Enterprise Sector

4.115 The Voluntary, Community and Social Enterprise Sector (VCSE) can support services in the home in a number of ways:

- Setting up as a registered provider in their own right to support home care in Stockton-on-Tees;
- Working together a consortium to deliver home care to reduce overhead costs and deliver capacity across the borough;
- Providing volunteer support for non-personal care support to service users; and
- Information and advice / support to informal carers.

4.116 Catalyst attended the Committee and outlined how the sector could be involved. This would be particularly in relation to welfare and social interaction, as the sector is not generally involved in higher end personal care (although they can become registered providers – see example of CASA below).

4.117 There may also be an opportunity to better use volunteers (including through advertising for particular skills/interests needed to support individuals, rather than a generic call for volunteers) and culturally specific models of care.

4.118 The Committee considered a number of examples whereby the sector has provided different types of care across the country. Locally, a pilot approach is being developed by Adult Services in conjunction with Catalyst to trial a 'home care prevention' service to be delivered by the local VCSE.

4.119 This would provide preventative services for 26 weeks to those who have some form of need but do not meet the eligibility criteria. Services may include co-ordinated access to existing services including the befriending service run by Community Service Volunteers, discharge support, mental wellbeing support, and a range of social groups.

4.120 This project is for people assessed as not being eligible under the adult social care eligibility criteria, but if successful would prevent the resident's situation deteriorating to the point at which they may become eligible.

4.121 As an example of a Social Enterprise as a Registered Provider, the Committee heard evidence from Care and Share Associates (CASA). CASA was developed to enable a range of employee-owned care providers (based on the Sunderland Home Care Associates). It now operates franchises in five locations and provides 16,000 care hours per week. Care is a volume business and CASA need a certain level hours to provide a local service and grow as an overall proposition.

4.122 It was reported by CASA that it costs new providers approximately £150k to establish a home care branch on a standalone basis due to the various regulatory and set up costs that exist, and this would be a barrier for a local, standalone social enterprise. The central CASA company provides a range of services to support branches including accounting functions, training, and quality monitoring.

4.123 CASA stated its approach leads to low staff turnover and better continuity of care. Staff share ownership increases over time, and the company provide transparency with their staff in terms of the commissioning arrangements and their rate of pay, for example. It had received good customer feedback (nb. it was also noted that consultation showed that clients focussed on quality and did not necessarily notice the type of provider involved in their care).

4.124 CASA stated there was a need to have greater co-production whereby users, commissioners and providers work closer together to design services.

4.125 Catalyst noted that mutual approaches such as CASA should be supported, but they needed facilitation and would not happen on their own. This would also be in line with SCIE's recommendation that Councils should seek to have a diverse range of providers in their area. The Committee noted several examples of VCSE provision, and these continue to emerge. The Committee recommends that:

8. a) the Council should continue to work with and engage the voluntary, community and social enterprise (VCSE) sector to further develop its services in this area of provision, including non-personal care support where appropriate, and this should include facilitating the development of mutual service providers in the Borough;
b) emerging good practice examples of VCSE sector provision be reported to the Committee as part of the six-monthly monitoring process;

9. as part of the monitoring process, an update on all the issues identified in the report and recommendations be reported to Committee in six months.

Care Act 2014

4.126 The Committee is also mindful of the wider impacts of the Care Act 2014. Elements of the Act comes into force from April 2015, leading to a number of

significant changes and challenges for home care commissioning and provision. These include:

a) entitlement to public support - the Act establishes a consistent way to determine an individual's eligibility for social care and support through new national eligibility criteria. These changes may significantly increase the volume of people who will be entitled to local authority funded care and support at home, as the eligibility threshold tested to date appears to be set at a slightly lower level than the current Substantial level (Fair Access to Care Services band)

b) personalisation - the Council will have the legal responsibility to give a person in receipt of an assessment a care and support plan. Where this does not identify eligible needs, the Council still has to provide support and information to enable prevention and maximise independence. Although direct payments have been available for some time, it is anticipated that there will be further growth in the number of people purchasing home care direct from providers, outside of the commissioned arrangements.

c) Carers Assessments and Services – the Act states that all carers are eligible for an assessment and if they have eligible needs they are entitled to a personal budget to meet their needs. This is likely to lead to an increase in the number of carers requiring an assessment and requesting services. At present there is no duty for the Local Authority to provide carers services.

d) capping care cost - in April 2016, the introduction of care accounts will reduce a person's liability for care costs to £72,000, at which point the Council will be liable for the full cost of a person's care needs (exclusive of hotel and accommodation costs where appropriate).

Conclusion

5.1 Home Care is an integral part of the services available to local people who want to stay safe and secure in their own home. Good home care is crucial to the health and wellbeing of those in receipt of care and also their families.

5.2 The review has highlighted how important home care services are, particularly for some of the most vulnerable people in the community.

5.3 Recent engagement work has shown positive feedback from those who are in receipt of care, although it must be acknowledged that securing feedback from home care users is a recognised challenge. A large number of issues (complaints and alerts) were raised at the beginning of the current home care contract period, but these have reduced over time to a more 'expected' level for the size of service under review.

5.4 There is always the need to work towards continuous improvement, and the Committee has also seen examples of where local services need to improve.

5.5 With this in mind, the Committee is particularly keen to support work to monitor and improve the quality of local home care services.

5.6 The Committee believes that the terms and conditions for staff, and how they are valued, can have a direct impact on the quality of care provided. Therefore where possible the Council should work with providers to improve this, especially with regard to the extensive use of zero hour contracts.

5.7 The forthcoming tendering exercise provides an opportunity to take stock of the various options available to the Council to provide both stability and improve the range of providers and models of care operating in the Borough.

Appendix 1 - CQC 2012 Home Care Thematic Inspection Summary

Appendix 2 – Summary of Call Types in the Home Care Specification

Call Type	**Assistive Technology**	Duration (minimum)	N/A
Objective	**Safety, welfare and wellbeing monitoring and support service 24/7.**		
Key Elements – The carer will:			
	Prior to the agreement of homecare and support services, **all** service users must receive assessment and support for appropriate telecare and care call support.		

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Call Type	**Welfare Call**	Duration (minimum)	15 minutes
Objective	**Safety, welfare and wellbeing monitoring and support visit with no personal care.**		
Key Elements – The carer will:			
1a	Check and confirm the service user is safe, comfortable and secure in their own home;		
1b	Update the daily record sheet with accurate, clear and reliable information on the clients health, welfare and views / concerns;		
1c	Assist with prompting and administration of medication at levels 1, 2, and 3;		
1d	Prepare and ensure the service user has taken and has access to drinks;		
1e	Continuously engage with the service user during the call through appropriate caring and sensitive conversation. This includes understanding and respecting how the service user wishes to be addressed, and		
1f	Ensure the service user feels comfortable and safe before leaving.		

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Call Type	**Welfare & Care Call**	Duration (minimum)	20 minutes
Objective	**Safety, welfare and wellbeing monitoring and support visit with limited personal care.**		
Key Elements – The carer will:			
2a	Complete all tasks 1a – f; in clause 14.20;		
2b	Where appropriate, support to service users out of bed, with washing, dressing and support with the toilet to ensure they are prepared and presentable for the day;		

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Call Type	**Breakfast Call**	Duration (minimum)	30 minutes
Objective	**Safety, welfare and wellbeing monitoring and support visit with moderate personal care.**		
Key Elements – The carer will:			
3a	Complete all tasks 1a – f and 2b; in clause 14.20;		
3b	Support to service users out of bed, with washing, dressing and support with the toilet to ensure they are prepared and presentable for the day;		
3c	Prepare breakfast;		
3d	Ensure the house is tidy following their support (bathroom is clean, pots used that morning are tidy, bins empty, etc); and		
3e	Support the service user to access support for the day (e.g. calling a taxi).		

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Call Type	**Breakfast Call**	Duration (minimum)	60 minutes
Objective	**Safety, welfare and wellbeing monitoring and support visit with significant personal care.**		
Key Elements – The carer will:			
4a	Complete all tasks 1a – f, 2b and 3a –e in clause 14.20;		
4b	Support the service user to have a bath or shower as preferenced;		
4c	Support the service user in eating / drinking as required;		
4d	Prepare an appropriate lunch of the service user choice;		
4e	Support the service user by assisting in purchasing light groceries from the local shops as appropriate; and		
4f	Support the service user with their assessed mobility needs (following a risk assessment).		

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Call Type	**Lunch / Tea Call**	Duration (minimum)	30 – 60 minutes
Objective	**Nutritional call to enable service users to stay healthy by eating a daily balanced meal. (Nutrition plays an important role in maintaining a service user's physical health and mental well being).**		
Key Elements – The carer will:			
5a	Complete all tasks 1a – f, 2b and 3a –e in clause 14.20;		
5b	Prepare a meal of the service user's choice or light snack as agreed;		
5c	Ensure all the lunch pots are washed and placed away; and		
5d	Assist and support the service user to the toilet.		

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Call Type	**Evening Call**	Duration (minimum)	30 minutes
Objective	**Safety and wellbeing call to support the service user should feel relaxed and will enjoy a social chat with the care worker about the day's events. It represents a key service in ensuring the service user is safe and comfortable before retiring to bed. It is a critical time for the care worker to evaluate and engage with the service user in conversation on how they are feeling, that could lead to appropriate and timely medical interventions, in response to any changes in health and support the service user when they may feel most vulnerable and where the service user relies greatly on a timely response from the Care worker**		
Key Elements – The carer will:			
5a	Complete all tasks 1a – f, 2b 3a –e, 5b-d in clause 14.20; and		
5b	Assist the service user to bed and ensures the service user is comfortable and safe.		

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Call Type	**Evening Call**	Duration (minimum)	60 minutes
Objective	**Safety and wellbeing call to support the client should feel relaxed**		

	and will enjoy a social chat with the care worker about the day's events. It represents a key service in ensuring the service user is safe and comfortable before retiring to bed. It is a critical time for the care worker to evaluate and engage with the service user in conversation on how they are feeling, that could lead to appropriate and timely medical interventions, in response to any changes in health and support the client when they may feel most vulnerable and where the service user relies greatly on a timely response from the Care worker
Key Elements – The carer will:	
6a	Complete all tasks 1a – e, 2a –e, 3b-c and 4b-d, and 5a and b, as per clause 14.20 and;
6b	Assist the service user to bed safely which may include the use of hoisting equipment
6c	Assist in the service user's mobility transfer needs by the use of appropriate risk assessed equipment

↓

Call Type	**Additional Specialist Support for LD and complex needs**	Duration (minimum)	Additional time as agreed in the Support Plan
Objective	Additional support above and beyond the tasks/support identified in 1a – 6c in clause 14.20 above which require care staff who are trained to a higher level enabling them to carry out a wider range and/or more complex personal care tasks.		
Key Elements – The carer will:			
7a	All tasks 1a – e, 2a –e, 3b-c and 4b-d; 6a-c; and support the service user in developing their skills/confidence and knowledge;		
7b	Support for Daily Living: which will include working to a clear plan of support to achieve personal development by assisting in managing income and budgeting; Developing travel skills; Developing social skills;		
7c	Support to improve key domestic skills: which will include working to a clear plan of support to achieve domestic skills development cooking/ cleaning/ basic DIY;		
7d	Promotion and Choice of Independence: which will include working to a clear plan of support to achieve support for people to exercise control in all areas of their lives i.e. social and leisure activities, work and education;		
7e	Encouraging a Healthy Lifestyle: which will include working to a clear plan of support to achieve Support for the individuals to have a healthy, balanced diet; exercise; access to community health services; proper management of medication; promotion of self-awareness of medical conditions.		
7f	Support for Relationships: which will include working to a clear plan of support to achieve support to improve knowledge and understanding about friendships, sexual health and Personal safety/ security.		
7g	Promotion of Social Inclusion: which will include working to a clear plan of support to achieve Support to participate in non-segregated activities, support to participate in community affairs and to ensure inclusion on the electoral register and encouraging/supporting engagement in training & education/work experience/ volunteering/ work opportunities.		

Appendix 3 - Articles of the Human Rights Act 1998

Article 2: Right to life

Article 3: Prohibition of torture, inhuman and degrading treatment

Article 4: Prohibition of slavery and forced labour

Article 5: Right to liberty and security

Article 6: Right to a fair trial

Article 7: No punishment without law

Article 8: Right to respect for private and family life

Article 9: Freedom of thought, conscience and religion

Article 10: Freedom of expression

Article 11: Freedom of assembly and association

Article 12: The right to marry and found a family

Article 14: Prohibition of discrimination

Article 1 of Protocol 1: Right to peaceful enjoyment of possessions

Article 2 of Protocol 1: Right to education

Article 3 of Protocol 1: Right to free elections

Article 1 of Protocol 13: Abolition of the death penalty

Appendix 4 - Relevant recommendations from the Close to Home Review and actions taken by SBC

1. Local authorities should mainstream human rights into their decision making processes and business plans to ensure compliance with the HRA, including their positive obligations to promote and protect human rights. Human rights considerations should be at the centre of assessment, procurement and commissioning of home care, for example incorporating human rights requirements into care provider service specifications.

Stockton position: HRA is referenced in the specification (ref: 2.5(a), 3.6(x), 8.9, 8.10(a) and 60.3).

2. The effectiveness of systems to overcome barriers that older people experience in raising concerns or making complaints.

Stockton position: Process is in place for capturing issues and incidents through visiting professionals as well as the formal complaints procedure allow this to happen.

3. Whether the diverse needs of older people are being met through commissioning practices

Stockton position: The specification was developed with input from service users and other professionals to ensure it met the wider needs and a growing level of dependency.

4. The extent to which their commissioning supports the delivery of care by a sufficiently skilled, supported and trained workforce.

Stockton position: Clause 24 of the home care framework sets out the mandatory staff training required.

5. To enhance the leadership of local authority elected members, training and guidance should be provided on using their Scrutiny function and their roles on Health and Wellbeing Boards to maximise the promotion and protection of the human rights of older people.

Stockton position: Training has recently been provided on this issue in September 2014. Training materials will be circulated.

6. To ensure maximum human rights protection, consideration should be given to incorporating HRA obligations into local authorities' contracts with providers, to include clauses giving service users 'third party' rights to challenge the care provider for any breach of their human rights for which the care provider is directly responsible.

Stockton position: HRA referenced in the specification (ref: 2.5(a), 3.6(x), 8.9, 8.10(a) and 60.3).

7. Commissioning practice needs to balance allocation of resources against assessed home care needs that must be met, to ensure contracted providers can pay at least the National Minimum Wage (NMW) to care workers, including payment for time spent travelling.

Stockton position: All providers pay the NMW (Brookleigh and Direct Health have been subject to a HMRC check in the past 18 months). Payment for travel is agreed by the provider through their own terms and conditions.

8. Steps by local authorities to draw together and provide relevant information on care providers in their area.

Stockton position: All providers are listed online

9. The CQC, local authorities and providers should develop more flexible ways of ensuring systems for exchanging information are designed to detect threats to human rights, including through the CQC and ADASS protocol.

Stockton position: Stockton has bi-monthly information sharing meeting with CQC, alongside the informal discussion that takes place on a weekly basis.

10. The Commission strongly endorses the recommendation of the Low Pay Commission that commissioning policies of local authorities should reflect the actual costs of care, including at the very least the National Minimum Wage.

Stockton position: All providers pay the NMW (Brookleigh and Direct Health have been subject to a HMRC check in the past 18 months). Payment for travel is agreed by the provider through their own terms and conditions.

Appendix 5 – Healthwatch Report

Attached

healthwatch Stockton-on-Tees

Healthwatch Report

Findings from the Healthwatch independent consultation on Stockton Borough Council's Review of Homecare Services

February 2015

1. WHAT IS HEALTHWATCH?

The Health and Social Care Act (2012) established Local Healthwatch as the new consumer champion for health and social care services for adults and children in England. Healthwatch Stockton-on-Tees aims to be a strong, independent, trusted and effective voice and a champion for local people, influencing health and social care delivery and supporting people to access health and social care services. It will strive to ensure the best possible quality and choice in health, social care and wellbeing services for the benefit of all living and working in Stockton-on-Tees.

2. AIM

Healthwatch Stockton-on-Tees carried out this investigation in partnership with Stockton Borough Council. Heathwatch aimed to provide users of Home Care services with the opportunity to express their views on how their Home Care is delivered to an independent body. It is envisaged that this information will be shared with Stockton Borough Council Scrutiny Review of Home Care Services and will influence the review as well as the design and commissioning of future Home Care services in Stockton-on-Tees.

3. METHODOLOGY

On behalf of Healthwatch Stockton-on-Tees, SBC wrote out to a sample of 380 users of Home Care services in the Borough. These people were offered the opportunity to take part in a telephone survey eliciting their views and experiences on how current services are being delivered locally. In total 28 service users have completed surveys, either on the telephone or via a home visit. This was a relatively low response rate from service users. However, Healthwatch has made efforts to drive further responses to the survey via a number of means such as social media, emphasis throughout Healthwatch Membership and use of the Information Volunteers' grass roots networks.

In addition to this, views and experiences were sought from a focus group of 7 young carers from Eastern Ravens Trust. Healthwatch took a different, more qualitative approach to gathering the experiences and views of this group. As well as highlighting positive and negative elements of their experiences of Home Care services, the young people also indicated the skills, qualities and behaviours they would like to see from Home Care services commissioned in the future. The group were enthusiastic about their views shaping how future services could be delivered.

Healthwatch Stockton-on-Tees works within the parameters of the Pioneering Care Partnership Safeguarding Policy. Staff and volunteers have all completed satisfactory DBS

checks. Staff receive regular mandatory safeguarding training which ensures that they are confident in how and when to address possible safeguarding issues should they occur.

4. OUR FINDINGS

Healthwatch collected data through both surveys and a focus group. Although relatively few people have taken part in this work, Healthwatch would ask that the following information is considered as part of the review.

In addition to the findings as set out below, it is important to highlight that this is an emotive area of service delivery. A number of people became slightly distressed when completing the telephone survey demonstrating that Home Care does elicit emotional responses from people. This may be one explanation for the limited response rate received.

General findings from survey

Respondents of the survey were generally positive and results highlighted the findings below:

- Most people reported a general satisfaction with the standard of Home Care they receive.
- The majority of people felt that their quality of life is good or better.
- Most people stated that their carer arrived on time 'always' or 'usually'.
- The majority of people felt that they were treated with dignity and respect. Most people indicated that they 'agreed' or 'strongly agreed' that they had a regular team of carers.
- Most people felt that they were able to keep clean and presentable.
- The majority of people felt that their care workers fully understood their care plan.
- Most care workers were reported as wearing their uniforms and identification badges.
- It was reported that carers usually stayed for the correct length of time.
- More than half of those who responded were confident in their carer's ability to support them to take medicine.
- Most people reported that they received a regular schedule of when to expect calls from carers.
- The majority of people stated that the care they received enabled them to remain independent.
- Of those people surveyed who utilise a Personal Budget, all responses were positive, indicating that this mechanism for organising care met their individual needs.

The survey did, however, highlight where there are issues Stockton Borough Council may wish to take into account as part of this Review.

- 7 out of 28 people commented that they felt less than adequately safe.
- 11 of 28 respondents commented that they did not have sufficient social interaction.

- Half of respondents highlighted that they were not kept informed about changes to their care rota by the care provider. (13 out of 26)
- Despite not appearing as a specific question in the survey, the majority of respondents indicated that they had experienced difficulties when interacting with the care providers' administrative office. People commented that they often had difficulty communicating via telephone and that staff were regularly rude and inappropriate. Many people also reported that staff did not return their calls. People therefore found it difficult to complain, either because the service user felt uncomfortable or because it was logistically difficult to do so.

Key themes from the young carers focus group

The young people from Eastern Ravens Trust were selected to take part in the focus group if the person they care for currently receives Home Care services. The group engaged in detailed discussion about what currently works well in terms of the services they receive as well as highlighting where improvements could be made. Key themes emerging from this discussion are detailed below.

- **A need for staff training**
  - General training
    Young people generally felt that carers' skills were inconsistent. They were keen for the Review to prioritise training as a key requirement for providers to deliver. Young people felt that communication skills and health and safety should be part of this.
  - Confidentiality
    Young people gave examples of instances of where confidentiality had been contravened and suggested this should become an essential element of the training process.
  - Professional Boundaries
    In cases where care is provided to people with complex needs, the carer is often within the household for a significant period of time. In these cases, the young people felt that maintaining professional boundaries was a difficult yet an important factor. They again suggested that there should be mandatory training in place to support carers.

> Young Carer: 'If we ring to complain, we'd be scared that we'd end up losing the good carers.'

  - **Problems with the administration office**Young people told Healthwatch that they often had difficulties contacting the care provider administration office. This was a particular problem when appointments were either rearranged or a carer had not attended a call.

- Many young people reported that they often struggled to get through to the office on the telephone and that the office staff were sometimes rude.
- The group stated they felt that complaints are not handled satisfactorily and that they may lose the carer if they complain.

> Young carer: 'The carer must be good listening to person and the family they work with. Communication is so important.'

- **Delivery of care**
  - Young people emphasised a need for an effective care plan to be in place which is 'owned' by the whole family.
  - They were very clear that a consistent team of carers is very important to ensure a high level of care is in place. Young people reported feeling anxious when a stranger arrived to provide personal care to their relative. It was also deemed important for providers to ensure carers are an appropriate gender.
  - Young people highlighted a need for carers to complete all tasks set out in the care plan, reporting that sometimes tasks are left to young people to complete such as 'putting Mam to bed' or 'doing the dishes'. Young Carers explained that this was down to the carer not understanding that this may be inappropriate or unfeasible for the young carer to carry out.

> - Young carer: 'It's such an important job, they should get paid better. If they weren't worried about money, they could concentrate on looking after my Mam.'

- **Concerns for carers' health and safety and wellbeing**
  - Young people felt that the health, safety and wellbeing should be a priority for the Review. They commented that the standard of care provided deteriorated when carers are unwell, stressed, under pressure or distressed.
  - Young people expressed concern over the hours worked by carers, stating it causes excessive tiredness and mistakes to be made. Many comments were made about financial remuneration for carers, whereby young people were concerned that carers experiencing financial problems caused the quality of care to drop.
  - The young people felt strongly that care work is a very important role and should be treated as such. They felt that professionalising the role would improve quality.

5. POSSIBLE RECOMMENDATIONS

5.1 The number of service users who responded to this survey is low. Users of home care services are often particularly isolated, vulnerable and under-represented when feedback about services is sought. As part of the Review, Healthwatch would ask that Stockton Borough Council ensure that service users and their carers are appropriately represented in future engagement activity.

5.2 Those service users who utilise Direct Payments commented that they are very satisfied with all areas of their homecare.

5.3 Some service users were unhappy about the particular elements of their care detailed below. Healthwatch would request that Stockton Borough Council consider these issues as part of the Review.

- Some people told Healthwatch that they felt as though they did not have enough control over their lives. (9 out of 28)
- Some people told Healthwatch that they did not feel adequately safe either in the home or outside of the home. (7 of 28)
- Some people told Healthwatch that they did not have sufficient social contact. (11 out of 28)
- Some people told Healthwatch that they were rarely informed about changes to their schedule of care calls. (13 out of 26)

5.4 Healthwatch received a number of additional responses to the survey in which service users indicated they were experiencing difficulties communicating with providers' administration office. Healthwatch would request that Stockton Borough Council consider these issues as part of the Review.

- Service users were not told about changes to rotas
- Staff were rude or unhelpful
- Staff did not return service users' phonecalls
- Staff in the office seemed pressured.

5.5 Healthwatch recognises the value and complexity of young carers' understanding of Home Care services. It is therefore recommended that the Review encourages providers to engage with young carers more effectively as part of future provision.

6. ACKNOWLEDGEMENTS

Healthwatch Stockton-on-Tees would like to thank all those service users and carers who took part in completing the survey. Healthwatch would also like to thank Eastern Ravens Trust and particularly those carers who took part in the focus group as well as the staff who supported this.