Stockton-on-Tees
BOROUGH COUNCIL

Big plans, bright future

Adult Social Care and Health Select Committee

Scrutiny Review of Care at Home

Final Report
December 2022

Adult Social Care and Health Select Committee
Stockton-on-Tees Borough Council
Municipal Buildings
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Select Committee - Membership

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- Judith Mackenzie (Inspector) – Care Quality Commission

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Foreword

On behalf of the Adult Social Care and Health Select Committee, we are pleased to present the final report and recommendations following our review of Care at Home.

In recent times, rarely does a day seem to pass without some form of national attention on the state of the UKs health and care sector. Many would argue that the services within these domains have been in decline for decades, hindered by a lack of appropriate investment and / or unable to operate efficiently with the resources they are given. The COVID-19 pandemic then put further pressure on an already creaking system, and with it, more familiar warnings that the country's health and care provision is in a serious condition.

Whilst the pandemic gave rise to an initial focus on the NHS, a greater acknowledgement of the impact of COVID-19 on the care sector has (some would say belatedly) followed. Our Committee has spent much time in the last couple of years assessing the local care home scene, but this review gave a welcome opportunity to look at another key element of social care – Care at Home (also referred to as Domiciliary Care or Home Care). As a stand-alone issue, this was extremely valuable, but the Committee also recognise its importance within the overarching health and care system, in particular as a means of relieving pressure on NHS Trusts by getting people out of (and even preventing admission to) increasingly busy hospitals. Such services have been, and most certainly remain, a crucial cog in how we serve the wellbeing of the community.

As always, we are extremely grateful to all who contributed to the Committee's work, particularly those local providers who gave us their valuable insight into the state of the market, and service-users, relatives and informal carers who highlighted their own experiences of using the Borough's Care at Home services. Special thanks are also reserved for the support and advice of the Council's Assistant Director, Procurement and Governance throughout the review.

This report makes for difficult reading and reinforces many of the concerns being aired nationally. As such, the Committee have made a large number of recommendations which can hopefully address some of the issues raised locally. Much, however, will depend on the direction of travel from the Government, and whether it finally acts decisively on the repeated 'commitments' to robustly support the health and, more pertinently in this case, care sectors.

Cllr Evaline Cunningham
Chair
Adult Social Care and Health
Select Committee

Cllr Clare Gamble
Vice-Chair
Adult Social Care and Health
Select Committee

Original Brief

Which of our strategic corporate objectives does this topic address?

The review will contribute to the following Council Plan 2021-2024 key objectives (and associated 2021-2022 priorities):

A place where people are healthy, safe and protected from harm
- Develop more services to help people to remain safely and independently in their homes for as long as possible and to make sure that they are not lonely.

What are the main issues and overall aim of this review?

Care at Home (sometimes called 'Domiciliary Care' or 'Home Care') is care that is provided in the person's own home. It involves a carer either visiting or living (the latter not being applicable in Stockton-on-Tees) with an individual in their own home to provide support, and can be appropriate if an individual requires help with practical tasks or personal care, but whose needs are not at a level where they need to move to a care home.

Care at Home providers can assist people in a number of ways, including domestic care (e.g. help with shopping, cooking, cleaning / laundry), personal care (e.g. bathing, dressing, assisting getting out of bed / going to bed, help with toileting, help with eating and drinking, help with medication) and, occasionally, pet care. Because many people prefer to stay in their own home if possible, Care at Home is a popular care option in the UK which allows individuals to maintain independence in familiar surroundings, with peace of mind that they are always being supported.

Regulated by the Care Quality Commission (CQC), there are a number of Care at Home services operating across Stockton-on-Tees. Whilst CQC ratings vary across the region, the current level of graded performance within the Borough is highly encouraging, with the vast majority of providers rated 'good'. However, as with most organisations across the health and care sectors, the COVID-19 pandemic has had profound implications on the way services are delivered, the management of financial and staffing resources in the face of social restrictions and vaccination requirements, and the ability to recruit / retain personnel to maintain an appropriate workforce. Factor-in ongoing national developments around the Government's social care reform agenda and the impact this may have on home care, and there are several important areas for consideration when reviewing the existing and future delivery of such services, a type of support that a significant proportion of residents across the Borough will likely have, or could have, a direct experience of during their lifetime.

Focusing on provision for adults only, the key aims of this review will be to:

- Understand the Care at Home system (regulations, promotion of, access to, funding / costs to the individual (inc. use of direct payments), Council involvement).
- Understand how the Council contracts for Care at Home.
- Assess existing quality of provision of the Council's contracted providers (CQC feedback, PAMMS inspections and ratings, responsiveness of services, ability of providers to pick-up new and complex packages of care, feedback from those accessing services, etc.) and evaluate value-for-money (inc. benefits / challenges of providing services in-house).
- Ascertain the impact of the COVID-19 pandemic (e.g. changes in service delivery, costs, staffing, recruitment / retention (inc. how the proposed SBC Care Academy will aid this), ensuring business continuity).

- Establish priorities for the future in terms of this type of service to ensure continued good-quality provision which is available in the right place at the right time.

The Committee will undertake the following key lines of enquiry:

What are the existing regulations around the provision of Care at Home?

How are people made aware of providers in the Borough – how do they access services and how is this paid for?

Current CQC ratings for the Borough's Care at Home providers and regional benchmarking. What are the key issues being picked-up by the CQC in relation to this type of care?

How has COVID impacted upon the delivery of services (staffing, vaccinations, social restrictions, costs, recruitment / retention, etc.)?

What is the Council's involvement in this provision (contractual arrangements and oversight)? How does the Council monitor quality of provision (including current PAMMS inspections and ratings)?

What focus do providers have around staff training / development / support, and what measures are in place to ensure a high-quality workforce?

Feedback from those receiving care (including, where possible, those accessing services via self-funding / direct payments) and their families / carers – how is this sought / obtained?

What are the key issues in relation to existing and future delivery of Care at Home services (including links between an individual's care and healthcare needs)?

Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:

A full understanding of the care at home system and the quality of care provided. The review would uncover if standards were being met and if the current approach is value-for-money.

1.0 Executive Summary

1.1 This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's scrutiny review of Care at Home.

1.2 For many years now, criticism has been directed at successive Governments for their approach to supporting the health and social care sectors in the midst of rising demand and contrasting views around appropriate levels of funding and potential for efficiencies.

1.3 Whilst having a significant impact on the whole of society, the COVID-19 pandemic in 2020 shone an understandable spotlight on health and care providers, and led to the publication in September 2021 of the latest Government plan for the future of health and social care titled Build Back Better. Acknowledging the challenges brought on by the pandemic, a commitment for addressing healthcare and adult social care in England were laid out. Regarding the latter, this included capping costs, financial assistance to people without substantial assets, wider support for the social care system, and improving integration of health and social care.

1.4 A critical element of social care, Care at Home (sometimes called 'Domiciliary Care' or 'Home Care') is care that is provided in the person's own home. It involves a carer either visiting or living (the latter not being applicable in Stockton-on-Tees) with an individual in their own home to provide support, and can be appropriate if an individual requires help with practical tasks or personal care, but whose needs are not at a level where they need to move to a care home.

1.5 Care at Home providers can assist people in a number of ways, including domestic care (e.g. help with shopping, cooking, cleaning / laundry), personal care (e.g. bathing, dressing, assisting getting out of bed / going to bed, help with toileting, help with eating and drinking, help with medication) and, occasionally, pet care. Because many people prefer to stay in their own home if possible, Care at Home is a popular care option in the UK which allows individuals to maintain independence in familiar surroundings, with peace of mind that they are always being supported.

1.6 Regulated by the Care Quality Commission (CQC), there are a number of Care at Home services operating across Stockton-on-Tees. Whilst CQC ratings vary across the region, the current level of graded performance within the Borough is highly encouraging, with the vast majority of providers rated 'good'.

1.7 However, as with most organisations across the health and care sectors, the COVID-19 pandemic has had profound implications on the way services are delivered, the management of financial and staffing resources in the face of social restrictions and vaccination requirements, and the ability to recruit / retain personnel to maintain an appropriate workforce. Factor-in ongoing national developments around the Government's social care reform agenda and the impact this may have on home care, and there are several important areas for consideration when reviewing the existing and future delivery of such services, a type of support that a significant proportion of residents across the Borough will likely have, or could have, a direct experience of during their lifetime.

1.8 The Committee's main aims for this review were to understand the Care at Home system (regulations, promotion of, access to, funding / costs to the individual (inc. use of direct payments), Council involvement) and how the Council contracts for Care at Home. Assessing the existing quality of provision of the Council's contracted providers was another key feature, as was ascertaining the impact of the COVID-19 pandemic. Finally, the Committee sought to establish future priorities for this type of service to ensure continued good-quality provision which was available in the right place at the right time.

1.9 It was found that, in terms of the local Care at Home market, Stockton-on-Tees Borough Council (SBC) has reflected upon previous contract arrangements which highlighted challenges around performance levels and staff travel time. This led to a refreshed contracting approach involving three key elements – a new Care at Home Framework Agreement (Standard, Enhanced and Complex), a Discharge 2 Assess and Rapid Response Service (as well as the use of the SBC Reablement team), and Brokerage. Encouragingly, as well as utilising a wider range of services within the Borough (thereby creating better resilience) in the form of primary and secondary providers, the option of 'spot providers' when required has strengthened capacity. The Council has also demonstrated that it will take action if appropriate care cannot be delivered (e.g. in 2018, the Council removed one provider from the framework agreement for poor performance) – a vital tool which helps ensure adequate standards are delivered and providers are held accountable. Additionally, although services operating within the SBC framework were the main focus for this review, the Council may get involved with non-contracted providers who also exist across the Borough (and are overseen by the regulator) should they fail financially (i.e. stepping-in to ensure service-users receive alternative support) or if a safeguarding alert is received.

1.10 The Committee was keen to learn what mechanisms the Council use to monitor quality and identify any areas of improvement. Managing contracts through a variety of both proactive and reactive intelligence-gathering routes, oversight of local providers appears robust, with positive engagement between the Council and the Borough's existing services. Importantly, multiple strands of information are sought and considered (as part of a Quality Assurance Dashboard) in order to assess quality and unearth any issues – the Committee applaud this approach and urge its continuation so good performance is recognised and concerns are quickly raised and addressed.

1.11 Perhaps reflecting the stated positive relationships between SBC and Care at Home providers, and the strength of contract oversight, Care Quality Commission (CQC) ratings for current providers within the Borough are encouraging and, alongside feedback from the Council's own PAMMS assessments, suggest a broadly well-run local sector. That said, the Committee recognise the numerous issues raised during this review, as well as the fact that some CQC inspections are now quite dated and some PAMMS inspections are still to be undertaken. Regarding capacity, the lack of a significant waiting list (around 10 as of November 2022) suggests that the local market is being catered for at present, though with a level of fragility that has developed since the beginning of this year. Robust planning for anticipated increases in demand (and in the complexity of cases) will be essential.

1.12 Whilst it was important to understand the Council's involvement in the Care at Home sector, seeking views directly from local providers was crucial in establishing the key issues within the current, and potentially future, landscape. The Committee engaged directly with three existing services, and also considered feedback from a 2021 provider consultation undertaken by SBC. The vast majority reported a very positive relationship with the Council through involvement with initiatives such as Provider Forums, the SBC Well-Led Programme, and good working relationships with the Council's Transformation Managers and Quality Assurance and Compliance (QuAC) Team.

1.13 The impact of the COVID-19 pandemic cannot be underestimated. It has been documented nationally that the sector felt ignored compared to hospitals and care homes, and this was echoed by local providers (who also expressed understandable frustration after planning for mandatory staff vaccines which were subsequently shelved). Critically, staff have exited the sector due to a combination of demotivation, fatigue, increased living costs, and / or seeking better pay outside the care sphere, and providers have found it difficult to recruit. Retaining good quality staff and attracting the right people into the sector through appropriate pay and conditions (including pathways to progress if desired) is clearly an essential priority moving forward, and, to aid this pursuit, the Committee encourage services to liaise with local colleges regarding those undertaking relevant NVQs in health and care as part of their future workforce planning.

1.14 Linked to the recruitment and retention of staff, the central issue of fees paid by the Council to Care at Home providers is of crucial importance, particularly given the significant escalation in costs during 2022. Evidence presented to the Committee showed that SBC was broadly in line with the average for all other 13 Councils across the north of England, though it is acknowledged that comparisons can be misleading without understanding the detail of what is expected within each individual contract. That said, the use of incentives to encourage providers to pay their staff higher wages is commended, though the Committee recognise that the Council's ability to do this continues to be squeezed by the ever-increasing pressure on its overall budget.

1.15 As well as focusing on pay / conditions of care workers and ensuring sufficient time to provide care (linked to staffing levels), local services also highlighted the need for friendly, respectable and skilled workers in order to deliver high quality packages of care within an individual's own home. The Committee endorse the suggestion of a national register for carers to boost the status of care workers and give reassurance to those individuals / families seeking support. In the continued absence of this, the feasibility of a local register should be examined further.

1.16 Another vital perspective the Committee wanted to seek was that of those accessing services (including any associated family / informal carer views). Consideration was therefore given to a range of service-user feedback, including information collected by providers following their own engagement with their clients (a required element within their contract). Themes to emerge included issues around communication (lack of clarity regarding visit times and changes to visits (times and staff attending); problems liaising with offices), duration of visits (not long enough), and some uncertainty on how to raise a complaint / concern – however, comments about the actual care received were generally positive. Service-user views obtained as part of the

Council's PAMMS assessments were also presented and demonstrated proactive approaches by providers in dealing with any issues raised in a timely manner.

1.17 Mindful not just to rely on the feedback being supplied by local providers themselves, the Committee also undertook its own survey of service-users / families / informal carers which was made available through a variety of mediums. Whilst the response rate was limited (23), similar themes to those identified within the provider information could be found, namely continuity of staff, a lack of communications about any changes to planned visits, and some uncertainty around raising concerns / complaints. Again, the quality of care being received was commended despite issues of staffing consistency. The Committee did express concern around the logging of visits (i.e. that this was done not only via electronic means and was visible to a service-user and their family / informal carer), though assurance was subsequently submitted which showed that providers could offer paper-based logbooks where requested.

1.18 For a wider appreciation of the issues affecting the overarching Care at Home sector, the CQC, as regulator, was invited to present its view on the current situation. Highlighting similar issues which affect the whole of adult social care (staff vacancy rates, high turnover of staff and low pay), further concerns in respect of zero-hours contracts, lack of pay for (and increasing cost of) travel, and the move towards commissioning domiciliary care in 15-minute increments (noted by one local provider to be an insufficient amount of time) were also outlined.

1.19 All contributors to this review have identified a host of key issues for the sector moving forward. Top of the list are concerns around staff recruitment and retention, and the associated factors which may influence this (i.e. pay, perceived poor status of care workers, fatigue (due to COVID impact), and better opportunities in alternative industries). From a provider viewpoint, as well as the ability to adequately staff their service, increasing fuel and other inflationary costs as a result of national / international developments are a further significant problem. The inclusion of a 'recruitment and retention in the care sector programme' as part of the Council's ongoing planning for future contract arrangements (of which the Committee was briefed as part of this review) is therefore welcomed, as are the anticipated developments around technology to reduce reliance on welfare calls.

1.20 There are clearly difficult decisions around the allocation of funds in the aftermath (and lingering impact) of COVID-19, but there appears a simple choice for authorities – either fully support the Care at Home sector (thereby boosting its profile) which can help alleviate pressures on other already stretched parts of the health and care system, or face the possible consequences of a dwindling number of providers operating in the market. Care at Home services are a key pillar of social care provision which many would say have been undervalued for too long, and whilst commitments to support the care sector are oft-spoken, words need backing-up with actions. The present situation appears fragile, and the loss of any existing services could lead to fewer choices and longer delays in accessing much-needed provision.

1.21 In light of this sensitive time for the sector, the Committee looks forward to learning about the outcome of the national 'fair cost of care' exercise (of which SBC has contributed to) which aims to establish a fair and sustainable future cost of providing such services. Like many industries, there remains a need for some degree of certainty moving forward to enable confidence in the sector and an ability to plan and recruit, not only for providers themselves but also for Local Authorities who have oversight of the local market. Worryingly, recent confirmation of further delays to the anticipated Adult Social Care reforms do not offer encouragement that clarity will be provided. As those in authority promote the notion of enabling people to, as far as possible, retain their independence within their own homes (with access to good quality and responsive services for those who need them), encouraging providers to remain in or enter the Care at Home market, encouraging the right personnel into the sector who can see this as a viable career, and encouraging local operators to come together, share ideas / concerns and address issues for the benefit of themselves and the growing number of people who use Care at Home services or are likely to choose / require these in the future, has perhaps never been more pressing.

<u>Recommendations</u>

The Committee recommend that:

1) **Stockton-on-Tees Borough Council (SBC) ensures all registered Care at Home providers across the Borough are visible within the Stockton Information Directory (indicating if they are included in the SBC Framework Agreement), and that this list is accessible via the Council website.**

2) **A regular feature is included within Stockton News regarding the local Care at Home sector (i.e. good news story, staffing opportunities, etc.).**

3) **SBC / Care at Home providers consider existing, and potentially new, mechanisms to engage with local colleges / schools to promote opportunities to work in the care sector.**

4) **SBC reinforce with local providers the need to ensure service-users and their families / informal carers are fully (and repeatedly) aware of how to raise an issue / complaint regarding the care they are receiving (including directly to the provider themselves or to SBC) and that this is responded to in a timely manner.**

5) **Providers ensure their back-office functions are adequately staffed and that appropriate mechanisms are in place to keep service-users updated on any changes to planned visits (whether these be in relation to timings or actual staff attending).**

6) **As far as possible, providers set a multiple-week rolling staff rota and that this is shared on a weekly basis with service-users (and, where relevant, families / informal carers).**

(*continued overleaf…*)

Recommendations (continued)

The Committee recommend that:

7) **SBC, in conjunction with local providers, continues in its efforts to raise the profile of the care sector within the Borough. To boost the status of care workers and give reassurance to those individuals / families seeking support, this should include lobbying for Care at Home staff to be regulated through a national register (e.g. inclusion within the Health and Care Professions Council) and investigating the feasibility of a local register.**

8) **Linking-in with the push for the integration of care, SBC act as a conduit to foster closer links between local Care at Home providers and NHS Trusts.**

9) **SBC continue to provide a platform for local providers to come together and share ideas / learning / concerns, and that those not engaging are encouraged wherever possible to join the ongoing conversation.**

10) **The use of 15-minute welfare calls is minimised and used only when appropriate as part of a wider package of care.**

11) **SBC continue to explore and deploy other options to support welfare, including tele-assist and technology.**

12) **Consideration be given to standardised questions for providers to issue to their clients in order to evaluate quality and performance, and for responses to be submitted to SBC as contract managers.**

13) **SBC varies the Call Scheduling and Monitoring element of the specification for a Care at Home and Domestic Support Service to ensure local providers offer (and issue where requested) non-electronic logbooks to document visits to an individual's home, and that this option is reflected within their service-user information packs.**

14) **A joint letter from the SBC Cabinet Member for Adult Social Care and Chair of the Adult Social Care and Health Select Committee is sent to the relevant care minister and local MPs regarding the key findings of this review, reiterating the need for appropriate future support of the sector.**

15) **Regarding the national 'fair cost of care' exercise:**

    a) **Outcomes of this be presented back to the Adult Social Care and Health Select Committee once published, along with the Council's response to the key findings.**

    b) **SBC reviews the balance of costs it pays both care home and Care at Home providers to ensure this remains a fair allocation in light of ever-changing demand.**

2.0 Introduction

2.1 This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's scrutiny review of Care at Home.

2.2 The Committee's main aims for this review were to understand the Care at Home system (regulations, promotion of, access to, funding / costs to the individual (inc. use of direct payments), Council involvement) and how the Council contracts for Care at Home. Assessing the existing quality of provision of the Council's contracted providers was another key feature, as was ascertaining the impact of the COVID-19 pandemic. Finally, the Committee sought to establish future priorities for this type of service to ensure continued good-quality provision which was available in the right place at the right time.

2.3 The Committee focused on the following key lines of enquiry:

- What are the existing regulations around the provision of Care at Home?
- How are people made aware of providers in the Borough – how do they access services and how is this paid for?
- Current CQC ratings for the Borough's Care at Home providers and regional benchmarking. What are the key issues being picked-up by the CQC in relation to this type of care?
- How has COVID impacted upon the delivery of services (staffing, vaccinations, social restrictions, costs, recruitment / retention, etc.)?
- What is the Council's involvement in this provision (contractual arrangements and oversight)? How does the Council monitor quality of provision (including current PAMMS inspections and ratings)?
- What focus do providers have around staff training / development / support, and what measures are in place to ensure a high-quality workforce?
- Feedback from those receiving care (including, where possible, those accessing services via self-funding / direct payments) and their families / carers – how is this sought / obtained?
- What are the key issues in relation to existing and future delivery of Care at Home services (including links between an individual's care and healthcare needs)?

2.4 The Committee received contributions from key personnel within the Council's Adults and Health directorate, direct submissions from local Care at Home providers (as well as indirect provider feedback via a 2021 and 2022 consultation), and views on the sector from the health and care regulator, the Care Quality Commission (CQC).

2.5 In addition to provider perspectives, the Committee was keen to understand the views of those accessing local services. To this end, the Committee considered a range of service-user feedback that had been previously and recently collected via the Council and local providers, and also undertook its own survey of individuals receiving care within their own home (which could also be completed by their relatives and / or informal carers).

2.6 Recognising the increasing pressure on the Council's finances, it is imperative that in-depth scrutiny reviews promote the Council's policy priorities and, where possible, seek to identify efficiencies and reduce demand for services.

3.0 Background

3.1 For many years now, criticism has been directed at successive Governments for their approach to supporting the health and social care sectors in the midst of rising demand and contrasting views around appropriate levels of funding and potential for efficiencies.

3.2 Whilst having a significant impact on the whole of society, the COVID-19 pandemic in 2020 shone an understandable spotlight on health and care providers, and led to the publication in September 2021 of the latest Government plan for the future of health and social care titled Build Back Better. Acknowledging the challenges brought on by the pandemic, a commitment for addressing healthcare and adult social care in England were laid out. Regarding the latter, this included capping costs, financial assistance to people without substantial assets, wider support for the social care system, and improving integration of health and social care.

3.3 A critical element of social care, Care at Home (sometimes called 'Domiciliary Care' or 'Home Care') is care that is provided in the person's own home. It involves a carer either visiting or living (the latter not being applicable in Stockton-on-Tees) with an individual in their own home to provide support, and can be appropriate if an individual requires help with practical tasks or personal care, but whose needs are not at a level where they need to move to a care home.

3.4 Care at Home providers can assist people in a number of ways, including domestic care (e.g. help with shopping, cooking, cleaning / laundry), personal care (e.g. bathing, dressing, assisting getting out of bed / going to bed, help with toileting, help with eating and drinking, help with medication) and, occasionally, pet care. Because many people prefer to stay in their own home if possible, Care at Home is a popular care option in the UK which allows individuals to maintain independence in familiar surroundings, with peace of mind that they are always being supported.

3.5 Regulated by the Care Quality Commission (CQC), there are a number of Care at Home services operating across Stockton-on-Tees. Whilst CQC ratings vary across the region, the current level of graded performance within the Borough is highly encouraging, with the vast majority of providers rated 'good'.

3.6 However, as with most organisations across the health and care sectors, the COVID-19 pandemic has had profound implications on the way services are delivered, the management of financial and staffing resources in the face of social restrictions and vaccination requirements, and the ability to recruit / retain personnel to maintain an appropriate workforce. Factor-in ongoing national developments around the Government's social care reform agenda and the impact this may have on home care, and there are several important

areas for consideration when reviewing the existing and future delivery of such services, a type of support that a significant proportion of residents across the Borough will likely have, or could have, a direct experience of during their lifetime.

3.7 Amplifying one of the principal concerns around workforce levels, the Homecare Association published the results of a November 2021 survey of its members (339 responses), the key findings of which indicated:

- 98% of homecare providers said that recruitment was harder than before the COVID-19 pandemic (compared to 95% who said this in August 2021), with the majority 85% saying that recruitment was 'the hardest it has ever been' (compared to 78% in August 2021).

- 75% of homecare providers said that more care workers were leaving their jobs than before the pandemic (compared to 65% in August 2021), including 43% who said that more care workers were leaving than ever before (compared to 29% in August 2021). Just 2% said that fewer care workers were leaving than before the pandemic (which was 4% in August 2021).

- 93% of providers stated that demand for their services had increased or significantly increased over the previous two months (compared to 89% in August 2021). Just 2% said that demand had reduced or significantly reduced.

- Almost half of providers (44%) were very concerned about the financial viability of their organisation in the long-term. 30% were concerned. 19% slightly concerned, only 6% were not at all concerned. This was more pronounced in those organisations providing state-funded care.

- 38% of providers who worked with local authorities and the NHS said they were handing some work back, with 4% saying they were handing all work back. 58% were continuing to meet existing need (compared to 70% in August 2021).

4.0 Findings

Legislative requirements

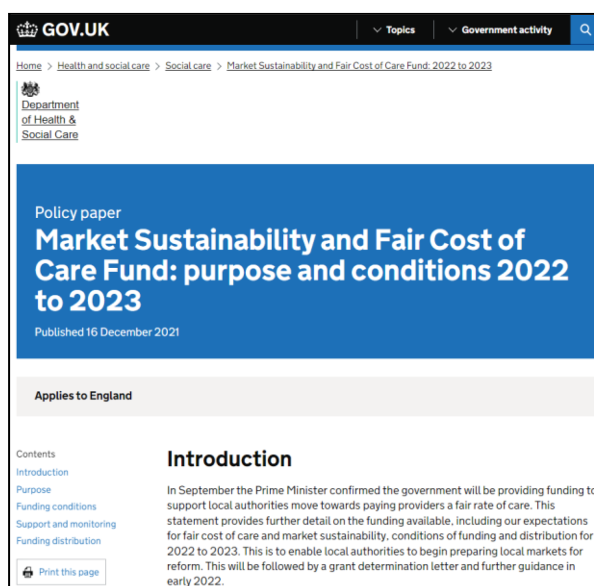
4.1 The main legislation regulating Care at Home services is The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which includes requirements to be registered with the Care Quality Commission (CQC), requirements relating to registered managers, and requirements to meet the fundamental standards of care such as the provision of person-centred care, etc.

4.2 The Domiciliary Care Agencies Regulations 2002 is another relevant piece of legislation in relation to the Care at Home sector. This includes requirements regarding the suitability of registered providers, managers, and care workers supplied by an agency, arrangements for the provision of personal care, the provision of information to service-users, and complaints procedures.

4.3 Other legislation includes The Care Quality Commission (Registration) Regulations 2009 which contains the requirement for a statement of purpose and the requirement to notify the death of a service-user, etc. Care at Home providers are also subject to various other legislation in the same way as any business, including health and safety law, data protection, etc.

‘Fair Cost of Care’ Exercise

4.4 In September 2021, a number of reforms were announced in relation to Adult Social Care, including a reduction in the care cap and self-funders accessing Council rates for care homes / Care at Home. Ahead of these new measures coming into force in 2023, the Government asked Local Authorities to conduct an exercise to establish a fair and sustainable cost of care.



4.5 Stockton-on-Tees Borough Council (SBC) had since initiated this exercise and, using a prescribed tool, was collecting a variety of information from providers (e.g. costs, length of visits). A drop-in session with providers was arranged in June 2022 to allow them to ask questions and seek further detail.

4.6 Following the data collection, SBC would seek to develop a ‘market sustainability plan’ which needed to be submitted to national authorities in autumn 2022. All intelligence from across the country would then be used to set future costs. Some central funding was available (approximately £430,000) to help with the gradual change in the level of fees being given to

all local care providers, though a decision would be required on how to balance support to both care homes and the Care at Home domains.

4.7 The Committee drew attention to care staff remuneration which was perceived to be closer to the minimum wage rather than at least the accepted living wage (pay rates were subsequently confirmed at or just above the national living wage). Members then asked if the Council's exercise included considerations around staff travel – officers confirmed that this was indeed included as part of the very comprehensive assessment tool, as was training and uniform requirements.

4.8 The Committee was informed in October 2022 that SBC was on course to submit its required return to the Department of Health and Social Care by the requested deadline (14 October 2022), and that all costs for delivering homecare were captured during the 'Fair Cost of Care' exercise. It was reiterated that, as part of this process, the Council had to produce a market sustainability plan outlining risks to local providers. Members were informed that the Government had made a commitment to increase funding for the sector, but that there was no indication how this would be allocated yet.

Local contract arrangements / oversight

Stockton-on-Tees Borough Council (SBC) Care at Home Approach

4.9 The Council's strategy was to keep people in their own home for as long as possible via the contracting of good quality and responsive services for those who needed them.

4.10 In the past, there had been three dominant providers operating across the Borough – however, concerns around performance levels and staff travel time (placing pressure on quality, rostering and responsiveness) led to a review of the contracting model in 2017. Three elements to a new approach were thus established – a new Care at Home Framework Agreement (Standard, Enhanced and Complex), a Discharge 2 Assess and Rapid Response Service (as well as the use of the SBC Reablement team), and Brokerage.

4.11 Care at Home Framework Agreement Model – Standard: Received by the majority of individuals accessing Care at Home services, this is a five-year contract (with two optional 12-month extensions) which requires services to provide 10,350 hours of standard homecare (personal care and domestic support) a week. The Borough is split into five geographical zones, each with two geographical areas (mapped to Wards) that have a primary and secondary provider with exclusivity to any new referrals / packages that arise within their patch. The primary provider of any area is automatically the secondary provider of the other area in the zone, and vice-versa.

Zone	Area	Primary Provider	Secondary Provider
A	Area 1 – Northern Parishes, Billingham West/ Central	Partners4Care	Green Square Accord
	Area 2 – Billingham South/ East/ North	Green Square Accord	Partners4Care
B	Area 3 – Norton West/ South/ North	Partners4Care	Comfort Call
	Area 4 – Hardwick & Salters Lane	Comfort Call	Partners4Care
C	Area 5 – Roseworth, Bishopsgarth & Elmtree	Comfort Call	Green Square Accord
	Area 6 – Town Centre, Newtown, Grangefield	Green Square Accord	Comfort Call
D	Area 7 – Thornaby Villages, Ingleby Barwick West	Green Square Accord	Dalecare
	Area 8 – Western Parishes, Eaglescliffe, Hartburn, Fairfield	Dalecare	Green Square Accord
E	Area 9 – Mandale and Victoria	Five Lamps	Care Matters
	Area 10 – Parkfield & Oxbridge, Stainsby Hill, Yarm, Ingleby Barwick East	Care Matters	Five Lamps

The aim here is to create concentrations of providers in tight geographic areas with resilience (primary and secondary). There is a maximum of three primary areas that any one provider can cover to prevent over-dominance, and 'spot providers' can be utilised for further back-up where required.

4.12 Care at Home Framework Agreement Model – Enhanced: This five-year contract (with two optional 12-month extensions) is focused on the provision of care for individuals with a learning disability and requires services to provide 1,987 hours of enhanced homecare (personal care and domestic support) a week.

For this level, the Borough is split into two geographical zones (north and south), with each zone containing a primary and secondary provider with exclusivity to any new referrals / packages that arise within their patch. As with the 'standard' level, the primary provider of one zone is automatically the secondary provider of the other zone (and vice-versa), and 'spot providers' can be utilised for further back-up where required.

4.13 Care at Home Framework Agreement Model – Complex: Aimed at those individuals with challenging behaviours and multiple complex issues, this five-year contract (with two optional 12-month extensions) requires services to provide 965 hours of complex homecare (personal care and domestic support) a week. There are no geographical zones for this level of care, rather a list of providers covering the whole Borough.

4.14 Following the 2017 review, a tender went out in early-2018 for the three lots – 'standard', 'enhanced' and 'complex'. The Council set different hourly rates (with a clear uplift mechanism) depending on the zone / area, with 'standard' and 'enhanced' zones / areas allocated from north to south. Providers were allowed to bid for any zone / area, though 'standard' bidders had to identify carer hourly pay rates and received scores as part of tender evaluation to incentivise higher pay (it was recognised that happy, well-paid carers provide better care). All successful bidders were placed on the framework agreement.

4.15 Primary and secondary providers in one zone / area are able to work in other locations as 'spot providers', though do not benefit from exclusivity when operating in the guise of the latter. Two additional organisations were used as 'spot providers' when required (one was on the framework agreement as extra back-up, the other not), and one provider had been removed from the framework agreement as, despite assurances, it soon became apparent that

they could not deliver appropriate care (even when supported by the Council) – having this power was an important tool in holding providers to account for their performance.

4.16 Discharge 2 Assess and Rapid Response Block Contracts are currently provided by one organisation in the north of the Borough and another in the south. This contract is for 160 hours a week (1.5 full-time equivalent posts from 7.00am to 10.00pm – this can be flexed) and is aimed at individuals discharged from hospital who are awaiting a Care Act assessment (Discharge 2 Assess – maximum of 14 days), or when a primary or secondary provider cannot accept a referral (Rapid Response – maximum of 14 days while the primary or secondary provider mobilises / re-rosters).

4.17 Brokerage involves the arrangement of Rapid Response and the monitoring of primary or secondary provider mobilisation during the 14-day period, as well as the brokering of difficult packages and use of 'spot providers' if necessary. This can also include access to SBC Reablement who help in certain circumstances.

4.18 Referencing previous reviews of the local Care at Home market and the changes made to contracting arrangements, the Committee felt that sensitivity was needed around future planning so that good quality staff were not lost from these much-valued services. It was also important to consider progression routes for care staff which would reinforce the notion that this sector was a viable career option rather than one to experience and then move away from. Officers stated that any time when contracts were in the process of changing was challenging (e.g. another provider inheriting a workforce from a previous organisation), and that the aim was to minimise disruption and ensure care was maintained.

4.19 Members asked if there were any identified pressures arising in any specific geographical locations within the Borough and were informed that it was in the southern areas where issues usually presented (though these can also happen periodically elsewhere). In terms of capacity, as of May 2022, the Council was aware of seven individuals currently awaiting Care at Home services within the Borough (this had slightly increased to 10 as of November 2022) – some of these were already in a care setting and were waiting to come out; others required a change of package.

4.20 Attention was drawn to individual providers of Care at Home services, as well as personal assistants (PAs) employed via direct payments. All PAs were registered with the Council and were supported via newsletters and through existing self-help groups.

Fees

4.21 SBC paid varying hourly rates for the three different Care at Home lots:

- '<u>Standard</u>' was an average of £17.28 (range of £16.63 to £18.36)
- '<u>Enhanced</u>' was an average of £16.65 (range of £16.55 to £16.69)
- '<u>Complex</u>' was an average of £18.59 (range of £18.08 to £18.76).

The combined 'Enhanced' and 'Complex' average (used as a measure by other Local Authorities) was £17.97 per hour.

Local Authority hourly rates paid to Care at Home providers (May 2022)

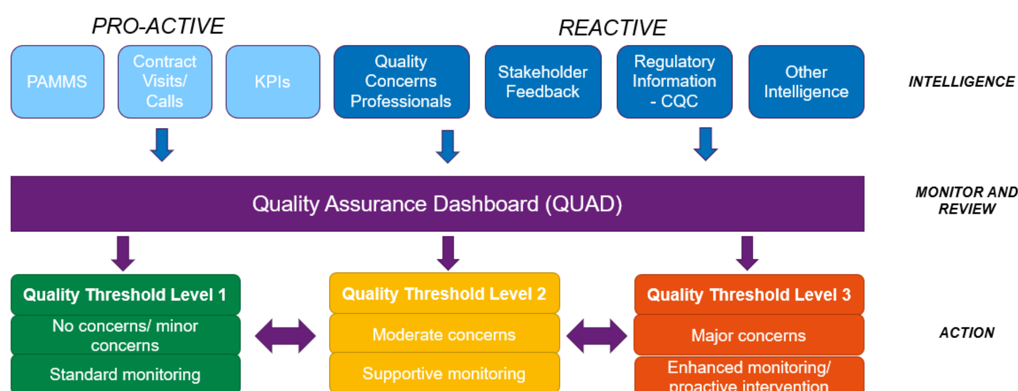
4.22 The above graphic compared SBCs hourly rate payments to other Councils across the north of England (as of May 2022). The amount paid by SBC for 'Standard' services (£17.28) was the same as the mean average across the 13 Local Authorities listed, with the combined 'Enhanced' and 'Complex' payments (£17.97) slightly above the average. Caution was urged when comparing this data as contracts can contain different requirements in different Local Authorities, therefore an understanding of what is included within a contract would be essential to get a fair comparison on costs.

4.23 Members commended the incentivisation of providers to pay staff higher wages, though felt that this was against the backdrop of a massively underfunded industry which needed an overhaul. In response to a query around minimum remuneration rates, officers confirmed that providers were expected to pay staff at least the national living wage (not the real living wage, though organisations were moving towards / above this anyway).

4.24 Discussion then turned to the hourly rates paid by the Council to Care at Home providers, and whether this was enough to cover their own substantial costs. It was acknowledged that such services have a number of cost pressures (staffing being the most significant) including uniform / equipment, back-office support and insurance, and that operating in this industry was certainly a challenge.

Contract Management

4.25 As depicted below, SBC manages contracts through three distinct levels:



The first strand involves the Council seeking 'intelligence' in both proactive (through PAMMS assessments (an online tool to assist in assessing quality of care), contract visits / calls and key performance indicators) and reactive (concerns raised by professionals (e.g. Social Workers), stakeholder (including Elected Member) feedback, regulatory information and any other mechanisms) ways.

4.26 The second strand utilises a Quality Assurance Dashboard (QUAD) as part of a 'monitor and review' process which is informed by the evidence received through the various intelligence-gathering routes. Information is reviewed on a monthly basis, with providers then RAG-rated (the third strand) to determine the level of 'action' required. Each of the three RAG levels has a defined set of actions, with level 2 (amber) necessitating more frequent contact with an organisation to address identified issues, and level 3 (red) leading to a more intense period of enhanced monitoring / proactive intervention (this can include a provider being escalated to the 'Responding to and Addressing Serious Concerns' process).

4.27 A spreadsheet summarising various strands of intelligence gathered by the Council in relation to existing Care at Home providers was submitted for the Committee's consideration – this included numbers of 'significant events' (safeguarding alerts, incidents / concerns, formal complaints, and outbreaks), CQC inspection ratings and whether enforcement action was required, PAMMS ratings (including, where necessary, Action Plan status), the number of contractual visits undertaken, any embargos, and the current quality assurance and compliance level. Each service was RAG-rated for the last three months and a brief update covering all criteria and intelligence (including a rationale for the RAG-rating) was included.

4.28 Officers gave the Committee assurance that any serious concerns raised about a provider would be addressed at the earliest opportunity and would not have to wait until the next scheduled monthly review. It was also stated that family / friends were encouraged to speak directly to a provider regarding any concerns in the first instance, and then to the relevant Social Worker involved with the individual using the service (who may then pass details onto the SBC Safeguarding Team or the SBC Quality Assurance and Compliance (QuAC) Team as appropriate).

4.29 The process around how providers were RAG-rated was probed. Several factors (e.g. CQC / PAMMS ratings, COVID impact / concerns, recruitment / retention) were taken into account (alongside input from the relevant QuAC officer who works closely with the provider) and discussed at the monthly 'monitor and review' meetings. The issue of 'risk' ultimately influenced ratings, though the determination of a score was more of an art rather than a science.

4.30 In response to a question on the process around PAMMS assessments within an individual's own home, the Committee heard that residents were always asked for their permission before an inspector enters their house. Questions were put to the person receiving support, but any personal care considered 'intrusive' was not observed.

4.31 Members asked whether those using Care at Home services were made aware of how they could complain / raise concerns if they felt standards were not being met. It was reported that Social Workers reinforce such mechanisms via regular reviews with an individual, and that providers were expected to provide information regarding complaint routes.

Impact of COVID-19

4.32 Care at Home services had been significantly impacted by the COVID pandemic in several ways. Guidance and support for providers (including a small number of private operators) was given by the Council throughout, with the Quality Assurance and Compliance (QuAC) Team initiating daily calls in the initial stages which were steadily scaled-back in time. Ensuring access to personal protective equipment (PPE) and assistance with infection prevention and control (IPC) was essential (services were signposted to Public Health when required), and grant funding of £2.5m was distributed to support IPC and access to COVID tests and vaccines (providers were required to account for any spend – another task whilst trying to maintain the delivery of care).

4.33 From a provider perspective, there was a general feeling that Care at Home services had been ignored when compared with the widespread attention on care homes and the NHS. Like most organisations, increases in staff absences (which became worse when social restrictions were lifted, and the Omicron variant emerged in late-2021) and added costs as a result of having to operate in different ways created pressure on the sector. Although providers had lost a small number of staff, their workforce had shown a great deal of resilience and had continued to deliver a vital service throughout the pandemic (though staff burn-out was becoming more evident when the Omicron variant took hold). In terms of vaccinations, there had been a good success rate for staff locally, aided by the Council setting-up access to a booking system for providers in early-2021.

4.34 A question was raised around any unwillingness of the local workforce to receive a COVID vaccination. Officers reminded Members that, unlike those working within care homes, it was never a condition of employment that Care at Home staff had to be vaccinated, and that although the Council did ask providers about vaccination take-up, a record was not kept, nor was there any identified risk of a significant staff exodus.

4.35 Assurance was sought around how the Council and those using services could be confident that Care at Home staff were adhering to any PPE requirements – an important safeguarding issue since care was often being given to vulnerable individuals. The Council continued to educate providers on their duties around PPE via Provider Forums, newsletters, operational groups and Public Health input, and QuAC officers also make observations (though are clearly not present all the time). Services were expected to undertake audits / shadowing to ensure carers were doing the right thing, though policing this requirement from the Council's perspective was recognised to be difficult.

Current provision (inc. access to / promotion of / funding / quality)

Services Provided

4.36 The Care at Home service provided in the community is regulated personal care and support, and is defined as '*personal, domestic duties and social / emotional support associated with ordinary living that a person might usually perform for themselves or by a competent and caring friend or relative*'. Care at Home is also known as homecare or domiciliary care.

4.37 People who access the service may require a range of assistance with key tasks that help them maintain a level of independence consistent with their abilities and desired outcomes. The service is delivered for a variety of reasons (e.g. to avoid admission to residential care, for the maintenance of rehabilitation goals or adjustment following injury or illness, to give carers free time, or to promote and maintain independence), and, where appropriate, can also involve assisting the service-user to develop or maintain their own skills in any of the areas covered.

Personal Care Tasks
• Training in self-care skills. • Assisting the service-user to get up or go to 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 urine bags, etc. • Dressing and undressing. • Toileting, including necessary cleaning and safe disposal of waste / continence pads. • Shaving, application of make-up, including dentures. • Assistance to eat and drink, 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 the community. • Shopping and handling their own money, including accompanying the service-user to the shops.
Domestic Support Tasks
• Making beds / changing linen. • Lighting fires, boilers, etc. • Disposing of household and personal rubbish. • Assisting with the consequences of household emergencies, including liaison with local contractors. • Shopping service. • Laundry services (except where an incontinence laundry service is provided).

4.38 In terms of the examples of personal care tasks listed, Members drew attention to the importance of also including the potential need to assist individuals with spectacles and hearing-aids. Ensuring staff had the ability to support people who require these essential items was vital yet can easily be overlooked.

Care at Home Market

4.39 The local market is made up of approximately 25 Care Quality Commission (CQC) registered providers, with approximately half offering specialist support to adults with learning disabilities and mental health conditions. The remainder deliver care to older people, either through the private market or are contracted by the Council.

4.40 The Council's Framework Agreement (the 'Contract') is split into three lots (note: table below as of April 2022):

	Standard Care at Home	**Enhanced Care at Home**	**Complex Care at Home**
Service Users	Older people	Learning disabilities	Individuals with challenging behaviors and complex conditions
Community	Yes	Yes	Yes
Areas	Split into 10 areas	Split into 2 areas	The whole borough
Building based support	4 extra care facilities	12 supported living facilities	None
No. of Providers	7	3	8
CQC Ratings	All GOOD	All GOOD	7 GOOD, 1 REQUIRES IMPROVEMENT

4.41 As at May 2022, all providers of Care at Home services across the Borough were rated as 'Good' overall by the CQC, bar one (which was rated 'Requires Improvement' and was only supporting one individual). However, it was noted that a number of the CQC reports were undertaken prior to the emergence of COVID-19 and were therefore quite dated.

4.42 All 'standard' providers had been inspected using the PAMMS tool (five rated 'Good'; two rated 'Requires Improvement'), though only one of the 'enhanced' and 'complex' providers had been assessed – the Council was currently finalising the PAMMS inspection programme for 2022-2023.

Access to (how people enter the system) / promotion of existing local services

4.43 People who access services usually go through one of three routes:

- Firstly, where a person has a Care Act assessment which has identified a need for care and the Council arranges care with a contracted care provider.

- Secondly, where a person has a Care Act assessment which has identified a need for care, the Council provides a direct payment and the

person organises the care with a care provider or employs their own 'personal assistant' to deliver the care.

- Thirdly, where a person has not had a Care Act assessment but has identified the need for care and arranges the care with a care provider. This is commonly known as a 'private arrangement'.

People who access services through the first two routes will also have a financial assessment completed and may contribute to their care.

4.44 Depending on personal circumstances, individuals were supported in the following ways when seeking to access local Care at Home services:

- Eligible: Applicants initially go through the SBC Early Intervention and Prevention Team before an allocated social worker approaches local providers regarding the Council's view on what an individual needs and what level of service was required from the provider. This need was then reviewed after six weeks.

  The Council still conducts an assessment (and subsequent review) of an individual even if they choose to use a private provider – this is particularly relevant if they have no family.

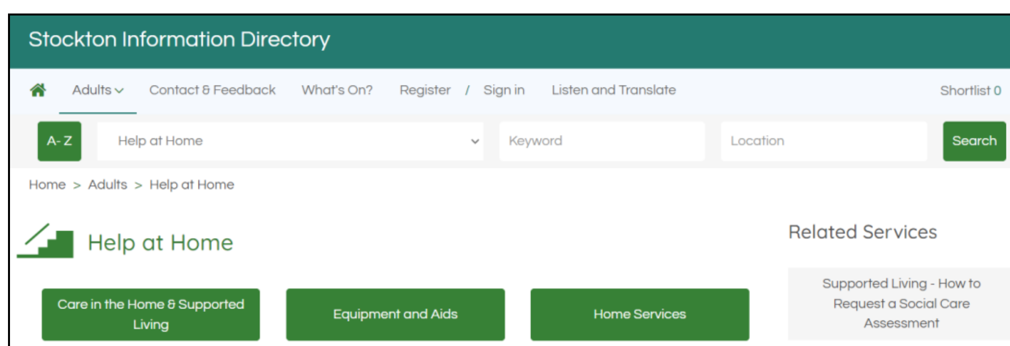
- Not Eligible: If, following an assessment, an individual is not eligible for Care at Home funding, the Council is unable to commission services. However, applicants are signposted to available local providers for direct contact.

- Self-Funders: If an individual is self-funding, a needs assessment can still be undertaken prior to them being given information on available local providers. The Council do not get involved in commissioning services.

4.45 Discussion ensued around the three routes that people usually go through in order to access such services. Queries were raised on the potential barriers around the requirement for a Social Worker to be allocated (so an assessment could be undertaken to determine need), and the possible costs to an individual who arranges care through a private arrangement. Regarding the former, the Committee heard that an allocated Social Care Officer not only carries-out the Care Act assessment, but also creates a support plan and manages this. For the latter, if an individual has sufficient funds, the Council will still organise their care (with the individual subsequently charged) unless they choose to take a direct payment and arrange this themselves or via an employed 'personal assistant'. It was also noted that the costs of care were significantly more when sourced privately than going through SBC, and that a change in need over time could see a person receiving payments instead of having to fund care themselves.

4.46 Members spoke positively of a recent personal experience of using the SBC online service regarding a family member, a request which had elicited a very prompt response from Council officers.

4.47 In terms of visibility / promotion of services, there is information within Stockton Information Directory (SID) and each provider has a website. However, not all providers are on SID.



Views from providers

4.48 A cross-section of the Borough's existing providers was approached to give their views on the current Care at Home landscape. Three organisations subsequently addressed the Committee in June 2022:

Five Lamps	A registered charity and not-for-profit organisation currently delivering around 2,700 hours of care per week (up from around 450 hours only 18 months ago) in Stockton, Thornaby, Ingleby, Yarm and Billingham – they also have the contract to provide care in Parkside Court Extra Care Scheme and have a contract to deliver a Rapids / D2A service. As a charity, they try hard to be a different kind of care company and constantly work on making a difference, not just for service-users but for staff as well. Getting involved in the local community is important too (e.g. attaining a Dementia Friends Award and delivering fish 'n' chips and food hampers to local elderly residents).
Prioritising People's Lives Ltd (PPL)	A small domiciliary care provider with its HQ in Stockton, covering Middlesbrough, County Durham and Stockton-on-Tees (two other branches are based in Northumberland and North Yorkshire). Dedicated to delivering the best care possible (1,000 hours per week) since its inception in 2013, person-centred care, dignity towards service-users and progression for staff has always been at the heart of PPLs values.
Creative Support	Offer care at home support to individuals in Stockton who reside in their own home and have a diagnosis of a learning disability, autism, a mental health condition, or a combination of these. Tailored support is given to individuals to assist them to remain living in their own homes – this could be a 15-minute medication call once a day, a two-hour call to assist the individual with their domestic skills / meal preparation / personal care, a six-hour call to support an individual to access the community, or could be a 24-hour a day / seven-day a week package of care to assist with all of the above. The service works with individuals to empower their personal development, promote social inclusion, and to look for pathways into work which they may attend unsupported or with a support worker.

Promotion of / Access to Service

4.49 Five Lamps: The majority of work comes from SBC referrals (it was noted that the service had also helped with individuals being discharged from hospital, particularly during the COVID-19 pandemic), but Five Lamps do receive work from private funders which is normally through 'word of mouth' referrals. Depending on staffing resources, Five Lamps drop leaflets in order to advertise its services.

4.50 PPL: PPL is promoted through leaflets and social media to service-users and staffing, and regular campaigns for jobs are used to recruit staff (PPL finds that 'word of mouth' has worked best). The service has regular referrals for packages through Local Authority channels and the NHS.

4.51 Creative Support: As part of the SBC Care at Home framework, Creative Support have built good relationships and have a good reputation with care managers and social workers – this is where the bulk of its referrals come from. Some self-funders have found the service via website information / social media and then made contact directly following their own research or 'word of mouth' recommendations via social workers and previous / existing service-users. The service issues newsletters / leaflets, runs a local disco for people with a learning disability, and attends local Provider Forums as well as recruitment and marketing events (e.g. Care Academy).

Support from SBC

4.52 Five Lamps: Good working relationships with officers from SBC exist, with a named Quality Assurance and Compliance (QuAC) Officer who is supportive and accessible. A lot of work has been undertaken with the SBC Transformation Manager for Residential Care on various projects aimed at supporting providers, including the Care Academy. Five Lamps is able to challenge if they have any issues and SBC do listen – there are opportunities to help shape the service and the organisation receive high levels of support from the Council.

4.53 PPL: Stockton has offered grants / assistance through the pandemic. Support in other areas has been lacking – the Local Authority should be using advertising to boost the image of carers to show that care is not an unskilled role (the lack of recruitment is partly due to the low status of care work). Strong cross-sector communication around safeguarding issues will help prevent vulnerable people from being potentially exploited.

4.54 The Committee was alarmed about some of the issues raised, not least the reported concerns around poor care staff conduct. SBC officers present noted that Disclosure and Barring Service (DBS) checks for carers employed as an individual's Personal Assistant are not a requirement (though are encouraged as part of good practice), and that any specific issues would be followed-up with PPL. Members were also disappointed to hear of the reported lack of support that PPL had received from SBC in comparison to other Local Authority areas in which the organisation were operating in. In response, SBC officers commented that although PPL (a 'spot provider') did not have a primary or secondary provider contract within the Borough, they were treated the same as other services and received newsletters and daily calls from their nominated Quality Assurance and Compliance (QuAC) officer. Further assurance was subsequently provided to the Committee indicating

that, since the start of the pandemic, SBC correspondence was with the PPL Registered Managers rather than the Managing Director (who had raised these concerns over a lack of support). It therefore appeared that there had been a breakdown in communication within PPL itself.

4.55 Creative Support: Managers have, for the last two years, been able to access the Well-Led course that has been fully funded through SBC – three managers have completed this course with excellent reviews. The service accesses regular (bi-monthly) Provider Forums and has worked in Stockton for many years and built good relationships with commissioners and social workers which has grown further throughout the pandemic. Training can also be accessed through the Teeswide Safeguarding Adults Board (TSAB) website – this includes medication training which has been undertaken.

Staff Training / Development / Support

4.56 Five Lamps: Five Lamps has a high quality, comprehensive training programme with their own trainer, and hold a full week's induction, with new staff then shadowing trained Training Mentors for six months (from the start of employment to the end of their probation period). All staff get paid for all training attended (including induction) and excellent feedback is received about the programme. The current offer is achievable as all profits go back into the business.

4.57 PPL: PPL prides itself in training staff to a high standard and continued personal development, but this has its costs. Travel time cannot be paid currently due to the small margins that care providers are working with. Mileage is paid – however, due to the increasing prices in fuel and living costs, there is low morale and reluctance to travel to calls as current mileage payments are not covering the actual costs of fuel. Employees have benefits from the company employee assistance programme which includes legal advice, counselling for them or family members, financial advice and more. Retention rates are usually good, though the impact of the latest COVID-variant (Omicron) outbreak led to some staff leaving due to tiredness / demotivation.

Service Improvement Mechanisms

4.58 Five Lamps: Regarding the Rapids / D2A service, feedback cards are put in every client file so that everyone has the opportunity to provide views at any time (quarterly surveys are not appropriate as this service only lasts two weeks). General feedback was severely hampered during COVID as Five Lamps were unable to hold team meetings, service-user meetings, etc. Efforts to counter this included having 1:1 meetings with residents at Parkside Court, additional spot-checks and supervisions with staff, regular newsletters to staff and service-users, regular messages to staff with updates on various topics including COVID, and, when safe to do so, smaller meetings by patch were held with staff (note: all staff are paid for their time coming to meetings or supervisions) – there has been a gradual improvement of the feedback received (staff seem happier and rotas more settled). Five Lamps have an open-door policy and a 'You said, we did' board in the staff lounge.

4.59 PPL: Quality assurance is carried out regularly and the company welcomes feedback from other agencies as well as employees and service-users. Carers feel they are the forgotten service at times, and service-users feel that

the pressures of care have always been neglected and never addressed fully when it is such an important sector – this has become more apparent during the pandemic.

4.60 Creative Support: Annual feedback via staff, client and stakeholder surveys, with monthly insight provided through management, staff and service-user meetings. Person-centred reviews (separate from social worker reviews) empower individuals to achieve their goals, and the service links-in with Provider Forums, offers excellent training packages, and is corporately accredited with Investors in People (silver rating – gold for training and HR). The Registered Area Manager is the Chair of the regional Skills for Care Registered Manager Network.

Impact of COVID-19

4.61 Five Lamps: Several COVID-related issues had been experienced, including staff having to isolate (including office staff) which made covering visits extremely difficult at times. Some staff chose to leave the industry, turnover was high, and recruitment was challenging. Testing was very time-consuming – whilst IPC funding was accessed, Five Lamps had to allocate staff to do the testing both at Head Office and at Parkside Court, and the tests needed to be registered and posted. As previously indicated, holding meetings and supporting staff was difficult (when they needed it most), and training was reduced to very low numbers per session to allow for social distancing (further impacting on recruitment capabilities). Keeping up with rapidly changing guidance and cascading this to staff required additional staffing resources which the organisation did not have.

4.62 The Committee asked if Five Lamps had a designated point of contact within the Council to keep up-to-speed with developments around COVID guidance. Members were subsequently reassured to hear that a named SBC Quality Assurance and Compliance (QuAC) Officer had been available throughout to provide support.

4.63 PPL: The pandemic had resulted in increased costs of service, low staff morale, low recruitment rates, and increased living costs impacting current carers. There was also concern about the volume of agencies and homes that are being acquired by profit-focused equity groups which do not concern themselves with the wellbeing of service-users and staff, and do not have quality care at the heart of their values / visions.

4.64 Creative Support: The impact on the sector's staffing had been profound (stress / funding testing themselves), and the service had struggled to recruit back up to full capacity. On a more positive note, the pandemic had provided an opportunity to spend time with people without their busy schedules and help them to identify what they really want to do with their lives (this was then fed into their person-centred review goals).

4.65 The difficulties in getting financial aid to providers during COVID were discussed, with SBC officers noting the sporadic availability of funds which had differing conditions attached and needed to be defined, communicated to services, and then disseminated as timely as possible. The requirement for both the Council and local providers to account for any spend was another onerous task on top of delivering the actual care, and it was SBCs view that

the balance in funding allocations between care homes and home care providers was broadly fair.

4.66 Weighing-up the three separate submissions at this meeting, Members queried whether providers could better collaborate together since the whole sector was experiencing similar issues. The Committee heard that some joint-working had been previously undertaken and that the NHS North of England Commissioning Support (NECS) Medicines Optimisation Team may be able to relieve some pressures on providers regarding medication. The proportional increase in job applications from non-drivers was also highlighted as a shared cause of concern.

Previous SBC Provider Consultation (2021)

4.67 Feedback was given on a previous consultation exercise undertaken by the Council with Care at Home providers in July 2021. Co-ordinated by the SBC Transformation Managers for Residential Care, each local service was contacted and meetings were arranged with 16 providers to obtain their views about the delivery of the Care at Home service. Responses were obtained as part of a conversation with the providers rather than asking them to complete a survey, and key findings were as follows:

- The three most important factors in offering good home care were identified as friendly / respectful / capable care workers, pay / conditions of care workers, and sufficient time to provide care (the latter is frequently raised by providers and can be linked to staffing levels).

- The most-stated key challenges to delivering home care services were recruitment (shortage of care workers) and skills shortages (too few fully trained care workers). Low hourly rates of pay, insufficient time (i.e. 15-minute calls) to undertake tasks required within an individual service order (ISO), managing expectations about what the provider will do, and customers wanting the same workers and times (which are not always available) were also highlighted, as was a lack of information-sharing with the NHS, the low status of care staff, and the impact of COVID-19 which compounded existing issues.

- Several suggestions were made to help providers overcome these challenges, including support around recruitment and retention of staff, promotion of care as a valued career, social workers managing the expectations of the person and their families, and stopping the use of 15-minute welfare calls which are unrealistic in terms of what can be done and are difficult to rota. Guaranteed hours from the Council would help with staff retention, as would higher hourly rates, and there should be less focus on tasks and more on outcomes.

- Of the 16 providers who responded (not including carers used via direct payments), 13 were ‘very satisfied’ and three were ‘satisfied’ with the relationship and communications with SBC. The Provider Forum, Well-Led Programme, and Registered Managers meetings were welcomed as a way of sharing good practice and discussing topics of interest, and good working relationships with the Quality Assurance and Compliance Team, social workers and Safeguarding Team were recorded. Support from SBC during the pandemic was also praised.

Views of those accessing services and their relatives / informal carers

Providers' engagement with those accessing services

4.68 Following the presentation of evidence by some of the Borough's Care at Home providers in June 2022, contracted services across Stockton-on-Tees were asked to demonstrate how they seek feedback from those accessing their offer (and their families / informal carers), and how this information was used to improve service delivery. Existing contracts state that service-user satisfaction surveys should be conducted by providers on an annual basis (though some may prefer to undertake these more regularly), and the Committee was furnished with a table which demonstrated the survey frequency for nine local providers along with some related comments:

Contract Type (standard / enhanced / complex)	**Provider**	**Survey Frequency**	**Comments**
Standard	Care Matters	Six-Monthly	Aim to use such feedback to improve our services.
Standard	Comfort Call	Annually	Our quality team do annual surveys with our service-users and we also carry out these in branch as you can see on the attached. We complete QNA'S with service users and we monitor this by using the report on a weekly basis. This enables us to improve in any areas we may need to and also allows us to pick up on any actions we may find we need to carry out to improve our service.
Enhanced / Complex	Community Integrated Care (CIC)	Annually	Only one person in Teesside responded to the last survey. The next survey will be issued in September 2022. Throughout Covid we held at first weekly family / PWS webinars, then moved to fortnightly and then onto monthly.
Enhanced / Complex	Creative Support	Annually	
Standard	Dale Care	Annually	
Standard	Five Lamps	Six-Monthly	Ask for feedback continuously (i.e. through feedback cards in service-user files).
Standard	Green Square Accord	Six-Monthly	A 'you said we did' is produced and fed back to service-users. Any serious comments are collated into an action plan which the manager directly addresses with the service-user (if it is not anonymised).
Standard	Partners4Care	Six-Monthly	As part of our Governance Framework, Customer Satisfaction Surveys are distributed to our entire customer base every 6 months. The results of the survey will be shared with our care staff via our social media and our customers via a "you said" and "we did", feedback newsletter.
Standard (spot provider)	Prioritising People's Lives (PPL) Ltd	Annually	Surveys are sent to Osiris to collate and results are based on CQC requirements.

4.69 An anonymised overview of feedback received as part of the latest provider engagement with service-users was then outlined (note: in some instances, the data submitted covered a wider area than just Stockton-on-Tees). Where possible, feedback for each anonymised provider was split into three categories: headline data, comments (selected), and identified actions (see **Appendix 1**). Themes that appeared to be emerging included:

- Issues around communication – lack of clarity regarding visit times and changes to visits (times and staff attending); problems liaising with offices.
- Duration of visits (not long enough).
- Some unaware of how to raise a complaint / concern.
- Generally positive comments about the actual care received.

4.70 It was noted that survey formats were very different between local providers, and that different questions were being posed – this impacted upon the types of information available for scrutiny (e.g. some providers gave only percentages, therefore the actual numbers responding was not known). The Committee was also informed that this feedback had been formally sourced by providers, and that they also seek and act on informal feedback which is obtained on a regular basis during the delivery of their services.

4.71 Reflecting on the efficacy of surveys, Members recognised that response rates can be affected by how they are conducted (i.e. online and / or paper-based) and what is being asked. The Committee heard that, in the main, the formal seeking of service-user views was done using paper copies and that providers also tried to establish the thoughts of the individual's wider family, as well as their own staff, regarding their existing offer.

4.72 Acknowledging the significant cost to individuals for them to access such services, Members commented that there did not appear to be any recognition of value-for-money within the service-user feedback forwarded by providers. Indeed, it was noted that those accessing services may be reluctant to raise concerns for fear of adversely impacting future care provision, and that it may be better for the Council itself to seek views as an independent body. Having some form of consistent and structured questioning in relation to all providers may also help in assessing standards.

4.73 With regards to staffing, the Committee was encouraged by one provider's setting of a two-week rolling care staff rota to ensure consistency (provider 4) – this helped carers themselves know where they were required and gave the potential for more advanced notice to service-users on who would be visiting.

4.74 Discussion ensued around the reference to the removal of visit books (provider 5). Officers in attendance noted that a number of providers had moved the logging of visits to electronic systems that could be accessed by the wider family as well as the individual receiving care. The Committee cautioned against this being the only method of tracking contact as services were often accessed by an older demographic, many of whom also had older relatives, who may not be able and / or willing to utilise technology (apps) to monitor visits from providers. Ensuring tangible logs was also important as it allowed service-users themselves to document contact and any associated comments / concerns. To ascertain the ways in which visits across the Borough were presently documented, officers committed to following this up with local providers, the results of which can be found at **Appendix 2**.

SBC PAMMS Assessments: Feedback from Service-Users

4.75 SBC utilises the Provider Assessment and Market Management Solutions (PAMMS) tool, an online assessment designed to assist in evaluating the quality of care delivered by providers. As part of the PAMMS inspections, three questions in relation to service-user engagement were included:

- B03: Service-users confirm that they are encouraged to provide feedback about how the service might be improved, and confirm that they are listened to and their feedback is acted upon.

- F07: There is evidence that the provider has effective methods in place to obtain feedback from service-users, relatives and staff, and that feedback is listened to, acted upon appropriately, and people are kept informed of the outcome.

- F08: There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

4.76 Officers from the SBC Quality Assurance and Compliance (QuAC) Team presented the most recent findings in relation to the above for seven local Care at Home providers, all of which had received a 'Good' rating for each question. It was reiterated that this information was collected direct from those accessing services, and that whilst provider staff were present when conducting inspections, SBC officers conducted post-visit follow-ups (without carers in attendance) to ensure individuals felt able to raise any issue they might have.

4.77 The QuAC Team had very good relationships with providers which had been strengthened during the COVID-19 pandemic, an occurrence which had forced organisations to consider and implement alternative ways of communicating with those accessing their service. Providers also had positive relationships with other SBC Adults and Health departments, including Care Management and the Safeguarding Team.

4.78 The Committee was encouraged by the positive findings from the PAMMS inspections, particularly comments regarding the proactive approaches to dealing with any issue / complaint in a timely fashion.

Committee Survey: Service-Users / Families / Informal Carers

4.79 To supplement (and compare against) information from providers, a simple Committee survey was devised for service-users and / or their families / informal carers to complete. The survey was made available, and disseminated, through a variety of mediums, including the SBC website and social media platforms, Catalyst, Stockton & District Advice & Information Service (SDAIS), the Halcyon Centre, Eastern Ravens, and via the Borough's existing Care at Home providers.

4.80 A total of 23 completed surveys were received, four of which were from an individual receiving care, 16 from relatives of someone receiving care, and three from an informal carer of someone receiving care. Responses relating to their current (anonymised) provider for each of the survey's six questions were outlined to the Committee, along with the following comments briefly summarising the feedback:

1) Briefly describe what sort of support you / your relative receives from your current Care at Home provider and how much contact the service has with you / your relative each week: Only eight respondents had been with their current provider since before the COVID pandemic emerged in early-2020 (only four of these were using the main local contracted providers). Wide range of support provided, from hardly any to full nursing care.

> *Attends 3 times a day giving medication making sure I am comfortable.* (Service-User)

> *5.5 hours a week help and support with domestic tasks meal preparation and personal care.* (Service-User)

> *Morning and evening call for breakfast and tea, also to administer tablets on morning. One 2hr call each week to help with cleaning, shopping and taking relative outdoors.* (Relative)

2) What do you like / value about the service you / your relative currently receives?: *Service-Users*: good care, social benefits; *Relatives*: provides much-needed respite, social benefits for loved one; *Informal Carers*: good care / professionalism.

> *It breaks my day up and having company till my family can call after work.* (Service-User)

> *I like the fact that I finally get some me time & have the ability to spend more quality time with mam, becoming daughter rather than carer again.* (Relative)

> *My husband cannot do without it. It is invaluable. It increases his social activity. There is no doubt that it keeps him out of hospital.* (Relative)

> *They make sure they are independent and safe at home.* (Informal Carer)

3) What do you not like about the service you / your relative currently receives?: *Service-Users*: continuity of staff, communication of changes; *Relatives*: timing / length of visits, communication of visits and any changes, staffing continuity / ability; *Informal Carers*: ability to access services.

> *When they change my time or carer without telling me and also when they put new carers on that I haven't met before which can have an impact on my anxiety and mental health.*
> (Service-User)

> *Unreliable. Most of the time they have been unable to provide the service, but never bother to let me know in advance that they can't find anyone. It's only when I phone up to ask that I find out. That means I have had to cancel arrangements at last minute, sometime incurring cancellation charges. Occasionally they would phone me up to apologise for not having been able to send anyone - after the time they were supposed to be here.*
> (Relative)

> *Uncertainty over times of visits, failure to provide advance rota for visits. Emails of admin staff members not accessible to colleagues when they are absent.*
> (Relative)

> *If I went via social services I could have 15 minute visits which on a night would be enough to check they have had meds and are safe. But because we have to pay the shortest visit is 30 minutes which is totally unfair. Double system.*
> (Informal Carer)

4) How often are you asked to provide feedback to your / your relatives Care at Home provider, and are you aware of how to make a complaint / raise a concern? If you have provided feedback / made a complaint / raised a concern in the past, has this been acted upon?: Mixed picture, with some prompted to provide views and aware of complaint processes, whilst others (particularly relatives / informal carers) had not been asked to give feedback and were unaware of how to raise concerns.

> *We are not asked very often to provide feedback only if they're getting inspected by CQC,yes I'm aware of how to make a complaint as I have done previously to the registered manager of [organisation] and it was acted upon with immediately affect.*
> (Service-User)

> *About every 6 months. Aware of system. Some complaints have been acted on.*
> (Relative)

> *I've not technically been asked to provide feedback but was advised if there was an issue, to contact the company & give them the opportunity to put it right. I did & they did.*
> (Relative)

5) Has the level of service you / your relative receives changed as a result of the COVID-19 pandemic? Has this been for the better or the worse?: *Service-Users*: mainly no change, one experienced cancelled / shorter visits; *Relatives*: mixed – more comments regarding worse service; *Informal Carers*: no change (aside from PPE requirements).

Service certainly deteriorated as result of covid and shortage of staff and still struggles to provide an acceptable level of service.
(Relative)

It's stayed the same.
(Service-User)

Yes. Staff shortages have resulted in reduced consistency.
(Relative)

Sometimes the level of staffing has been affected due to the COVID-19 pandemic which has resulted in some of my calls being cancelled as they didn't have the staff to accommodate them. Also carers aren't staying for the allocated time given to me as they're back to back with calls and no breaks especially the walkers.
(Service-User)

6) What would you like to see change as a result of this review? How could your / your relatives current Care at Home provider make their service even better?: *Service-Users*: staff consistency, scheduling of rotas; *Relatives*: staff pay / training / support, consistency of staff, length of visits; *Informal Carers*: consistency of services, service scrutiny.

More training and support and consistency of staff. Higher wages for carers.
(Service-User)

More manager checks so the service is kept to a high standard for those that have no relatives to keep check that service is delivered properly.
(Informal Carer)

The council should take more interest in the provision of care at home. The care provider give more effective training to staff in certain mental health circumstances. The time given to provide care not long enough - 1 person, 30 minutes to get someone out of bed, showered or bathed, dressed, then made breakfast is not long enough, especially if late. Walking from client to client is not efficient - takes up time.
(Relative)

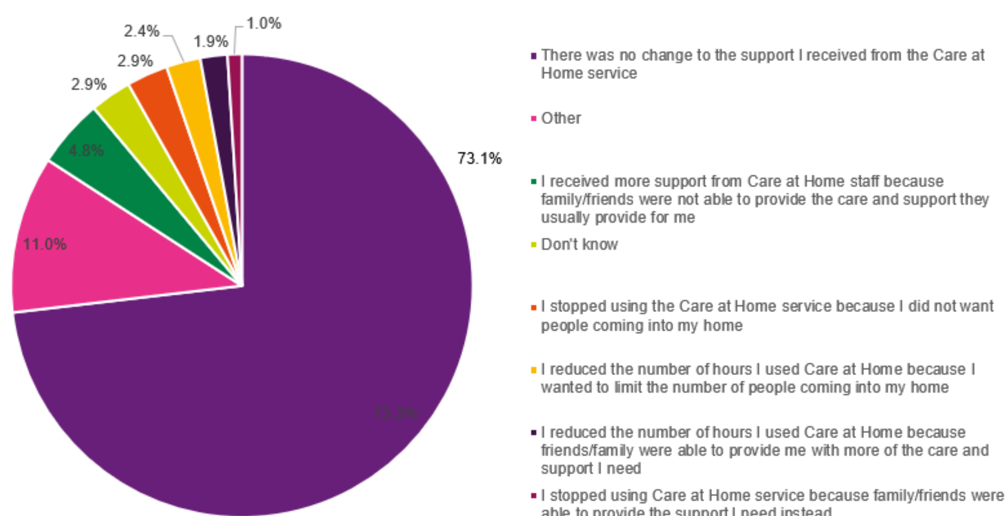
I am totally happy with everything.
(Service-User)

It was noted that several respondents were currently using a provider that was not on the core SBC-contracted list outlined during the initial evidence-gathering session (indeed, one was a care home rather than a care at home service), and that two respondents were using a private provider.

4.81 The Committee expressed frustration that the survey had not elicited a greater number of responses which would have allowed for a better comparison with the information forwarded by providers – that said, Members felt that the themes identified from those that had been received seemed consistent with those arising through other forms of service-user feedback. Further to discussions on the preferred method of completing surveys, Members were informed that all 23 responses were received through the online link, and that no paper copies were submitted (despite being made available via providers and other agencies previously noted).

Service-user responses to a SBC survey (undertaken in autumn 2021) on the impact of COVID

4.82 As shown below, the majority (73%) stated there had been no change to the support they received from their Care at Home provider, with nearly 5% receiving more support from their service because family / friends were not able to give the care and support they usually did.



4.83 The Committee was interested to know the main themes from the 'Other' (11%) responses – officers stated that the question in the survey asked people using the service to choose between eight options, one of which was 'other'. Service-users were then given the opportunity to comment on their selection. Those who selected 'other' noted that the person had only started to receive Care at Home services during the pandemic.

Views of the regulator

4.84 The Care Quality Commission (CQC) was asked to contribute its views on the Care at Home sector from the regulator's perspective and subsequently provided a written submission which detailed the following:

4.85 Key Care at Home issues: The CQC observe similar issues which affect the whole of adult social care – staff vacancy rates, high turnover of staff and low pay. Further concerns in respect of zero-hours contracts, lack of pay for (and increasing cost of) travel, and the move towards commissioning domiciliary care in 15-minute increments were also outlined.

4.86 Regional / national benchmarking data: As seen in the table overleaf, overall ratings for those active services who had been inspected (as of 30 March 2022) showed Stockton-on-Tees in a positive light when compared against both the regional and national scene, with 97% of local providers graded either 'Good' (93%) or 'Outstanding' (4%).

Filter for Regions and LA(s) 30 March 2022		Care at home (DCA) ratings as a % of rated					Of all services % not yet rated
Region	Local Authority	IA	RI	GO	OU	Insufficient evidence to rate	
North East	County Durham	0	11	80	9	0	21
	Darlington	0	7	87	7	0	6
	Gateshead	0	3	97	0	0	15
	Hartlepool	0	0	100	0	0	8
	Middlesbrough	0	0	100	0	0	28
	Newcastle upon Tyne	0	0	86	14	0	13
	North Tyneside	0	5	86	10	0	16
	Northumberland	0	12	66	22	0	7
	Redcar and Cleveland	0	31	62	8	0	24
	South Tyneside	9	9	64	18	0	15
	Stockton-on-Tees	0	4	93	4	0	18
	Sunderland	0	6	88	6	0	20
England		1	12	82	5	0.07	25

Note: care should be taken when comparing ratings at local authority level as the number of services in each local authority is small. Percentages are provided for information only.

4.87 Future inspection plans for local providers: The CQC continued to work on the new regulatory model – further information regarding future assessments of Care at Home services was available on their website at: https://www.cqc.org.uk/news/our-new-single-assessment-framework

4.88 Impact of the new ICS arrangements: There were a number of benefits to the CQC having a role in assessing Integrated Care Systems (ICSs) which include:

- encouraging system partners to improve by working to ensure people using services can access care when they need it.
- understanding how different local systems were engaging different adult social care organisations and how the care for people from different vulnerable groups was being managed.
- maximising CQCs regulatory impact and improve care via strengthened ways of working, ensuring early identification of system risks and engaging at system level to influence the quality of care within that system.
- assessing workforce recruitment, deployment and practices across the system.

Key issues moving forward

Stockton-on-Tees Borough Council (SBC)

4.89 There are a number of issues currently faced by both the Council and Care at Home providers, principally due to staff recruitment and retention difficulties which are impacting upon capacity and the ability of services to accept new packages (the SBC Assistant Director – Adult Social Care liaised with the Brokerage team on a daily basis which was key in minimising the number of unallocated cases). Some staff had moved across to higher paid jobs in other industries (though this was not unique to the Borough), and there were also concerns around staff welfare and resilience (burn-out) as a result of the pressures brought on by the COVID pandemic. In other COVID-related matters, potential future costs for PPE (currently accessible free-of-charge through the national portal until 2023) and other IPC adherence were highlighted, though the easing of the requirements for staff to test and isolate (if COVID-positive) was likely to alleviate previous rostering issues when staff were unable to enter a person's home.

4.90 In more general matters, the increasing size and complexity of packages (e.g. more than one carer needing to support an individual at the same time) was placing further strain on capacity, and there was a need to manage public expectations (e.g. carers may occasionally arrive later than scheduled) in the face of such pressures. Officers acknowledged that some geographical areas were not working as well as they should, and also drew attention to increasing fuel and other inflationary costs as a result of national / international developments.

Future Contract Planning

4.91 In reviewing the existing local arrangements as well as wider issues affecting the sector, and as part of the ongoing planning for the next Stockton-on-Tees Care at Home contracts which were due to be awarded in October 2024, key findings and proposed plans to address these were outlined:

4.92 Anticipated increase in demand for home care (volume and complexity): Recruitment and retention of staff was clearly a vital consideration, and a new model of funding would be developed in partnership with the market to ensure sustainability and affordability (the determination of fees would emerge from the ongoing national 'Fair Cost of Care' exercise). Outside the contract, the Council was developing a 'recruitment and retention in the care sector' programme to support care providers in the market.

Working closely with the SBC OneCall service, increasing the awareness and use of available technology would be another key feature, including the delivery of training sessions with social work team managers and carers who work in the sector, the further deployment of Teleassist (where appropriate) to reduce reliance on welfare calls, and the potential wider roll-out of an activity monitoring pilot (commencing October 2022) which enables providers to understand patterns of behaviour in a non-invasive manner.

For those calls requiring two carers, providers were reviewing double-handed care packages to ascertain possible referrals into the SBC Occupational Therapy (OT) team for assessment, and a train-the-trainer model and pilot

had been developed with the Council's OT team to support providers in using equipment effectively.

4.93 Lack of clarity around the scope of Care at Home and work required of carers: The contract would be reviewed to clarify the parameters of home care delivery (taking into account changes in complexity of need), and work would be undertaken with healthcare colleagues to ensure commissioned Care at Home continues to support the work of primary health.

4.94 Calls too 'task-focused' (though overall care judged to be very positive): Having the best interests of the individual at the centre of service delivery would be kept under review, and would incorporate good practice from other Local Authorities (though it was acknowledged that there was limited evidence of outcome-led services) and work with providers to ensure that care plans define / monitor the outcomes to be achieved for individuals.

4.95 An ongoing programme of consultation and engagement regarding future contract planning was also noted, including an online questionnaire for people using services and their families / informal carers on options for future Care at Home provision, the seeking of views from people who use Council services (e.g. Halcyon Centre, Carers Service, etc.), a focus group on 3 November 2022, and conversations with local providers. An overview of feedback from all of these was subsequently shared with the Committee (see **Appendix 3**).

4.96 Regarding the finding that care calls were seen as too 'task-focused', the Committee queried whether this was a result of how the existing contract had been put together. Officers stated that some guidance was given to providers about the expected length of some activities, but that the Council was trying to make sure that all tasks lead to a specific outcome and that they were conducted in a person-centred way which ensures dignity and care. Members also noted the benefits to a partner / family of those individual's receiving care within their own home as they get the opportunity to talk and discuss issues with a visiting carer.

Five Lamps

4.97 Five Lamps was concerned that the recruitment and retention fund had come to an end as this was particularly useful (a recruiter on a fixed-term contract was employed using the fund and this had made a huge impact on recruitment, enabling an increase in the packages picked-up from Council referrals – if funding was not extended, the recruiter's contract would have to be terminated). Staff wages was always an issue, and Five Lamps were simply not able to be competitive against companies like Amazon, etc. Fuel price was becoming a bigger issue week-on-week (lot of work is rural, and whilst staff were paid the maximum 45p per mile allowance, they say it was no longer covering their costs) – would like to look at some green initiatives / electric vehicles, but do not have the budget to invest and would need support to achieve this. Work undertaken with SBC on making care attractive but there is a long way to go, and some staff report that the cost and accessibility (opening times) of childcare is a barrier to them. From an administrative perspective, Five Lamps has a small office team, and if someone is off sick, this presents challenges.

4.98 The Committee asked if the recruitment and retention fund referenced within the report was likely to be extended, but was informed that there had been no indication of future funding since this initiative had ended in March 2022. On a related note, Members asked what more could be done to help retain staff following the considerable efforts in recruiting them. The Care Friends app (rewarding users to find new and helping retain high quality staff) was highlighted, but the ultimate deciding factor is their pay which is often around the minimum wage level. The Committee queried if initiatives like the blue light card / other NHS discounts are promoted – in response, it was confirmed that most staff have the former, though the benefits of these have seemingly gone quiet in recent times.

Prioritising People's Lives Ltd (PPL)

4.99 PPL felt that carers ought to be required to register with a board or a governing body to hold them as accountable (as nurses are). In doing so, not only would there be more robust regulation, but this would also raise the profile of carers. Some employers do not request references from previous employers, meaning that unscrupulous individuals are free to repeatedly behave in this way – this boils down to a lack of integration in care services, which leads to breakdowns in communication that enable these discrepancies to happen.

4.100 Other issues include the need for better connections between the NHS, care homes and community care providers (e.g. for individuals funded through continuing health pathways), recruitment challenges, and a lack of transparency with care providers about rates. On a wider scale, the Government needs to provide Local Authorities with larger budgets for health and social care that enables carers to be paid a salary and not a basic pay rate per hour.

4.101 The concept of a national register for carers was commended, with the Committee suggesting that a local record would, at the very least, be useful to providers and service-users alike. On the issue of staffing / recruitment, Members also proposed that services look to liaise with local colleges regarding those undertaking relevant NVQs in health and care.

4.102 Further probing the perceived disconnect between the health and care sectors, the Committee noted that North Tees and Hartlepool NHS Foundation Trust had previously given assurance that its discharge processes were working well – it was thus suggested that data on readmissions may help unpick the efficiency of hospital discharges further. In terms of support for Care at Home services, the provision of additional COVID-related funds was highlighted, and Members queried if personal protective equipment (PPE) was received as part of this package. PPL stated that although there was no supply of PPE in the initial stages of the pandemic, it did have stocks of this in place already. PPE pressures were subsequently alleviated by the establishment of the Local Resilience Forum and the national PPE portal. In other COVID matters, frustrations around the work undertaken to prepare the workforce for compulsory vaccinations which were then not required were also aired.

Creative Support

4.103 Three main areas were identified by Creative Support:

- Recruitment: Reduction in applications and a lot of staff want to work 10.00am to 2.00pm which cannot be facilitated. Also, tax credits top-up for 16-hour working equates to almost the same as full-time wage – more part-time staff means more staff to manage and less consistency for clients who then see lots of different staff.

- Retention: Use of own car / cost of public transport – in care at home, staff tend to want to work at a base rather than travel round.

- Impact on financial sustainability due to increasing cost of living, minimum wage, and cost of fuel / office rent.

4.104 Further issues are likely to present in terms of the ageing population and people with challenging conditions living longer, resulting in an increase in referrals (noted that, pre-COVID, around 20% of referrals were turned down; this was now around 80%).

4.105 It was felt that the narrative around tax credit top-ups needed to be challenged, particularly since some individuals require this backstop, whereas others do not. Creative Support confirmed that it had discussed this issue with job centres, and also, in response to a Member query, stated that it did not use zero-hours contracts (this was the same for PPL – the vast majority of Five Lamps' staff were under zero-hours terms).

5.0 Conclusion & Recommendations

5.1 Like numerous other health and care services, Care at Home (alternatively referred to as homecare or domiciliary care) provision is under significant strain in the UK. For some time now, concerns have been raised about the resilience of this sector in the face of increasing demand, low pay and challenges around recruitment of staff, a situation the COVID-19 pandemic has further exacerbated as more people understandably prefer (and are encouraged) to receive care within their own homes rather than via care homes, and NHS Trusts attempt to free-up much-needed hospital beds.

5.2 In terms of the local Care at Home market, Stockton-on-Tees Borough Council (SBC) has reflected upon previous contract arrangements which highlighted challenges around performance levels and staff travel time. This led to a refreshed contracting approach involving three key elements – a new Care at Home Framework Agreement (Standard, Enhanced and Complex), a Discharge 2 Assess and Rapid Response Service (as well as the use of the SBC Reablement team), and Brokerage. Encouragingly, as well as utilising a wider range of services within the Borough (thereby creating better resilience) in the form of primary and secondary providers, the option of 'spot providers' when required has strengthened capacity. The Council has also demonstrated that it will take action if appropriate care cannot be delivered (e.g. in 2018, the Council removed one provider from the framework agreement for poor performance) – a vital tool which helps ensure adequate standards are delivered and providers are held accountable. Additionally, although services operating within the SBC framework were the main focus for this review, the Council may get involved with non-contracted providers who also exist across the Borough (and are overseen by the regulator) should they fail financially (i.e. stepping-in to ensure service-users receive alternative support) or if a safeguarding alert is received.

5.3 The Committee was keen to learn what mechanisms the Council use to monitor quality and identify any areas of improvement. Managing contracts through a variety of both proactive and reactive intelligence-gathering routes, oversight of local providers appears robust, with positive engagement between the Council and the Borough's existing services. Importantly, multiple strands of information are sought and considered (as part of a Quality Assurance Dashboard) in order to assess quality and unearth any issues – the Committee applaud this approach and urge its continuation so good performance is recognised and concerns are quickly raised and addressed.

5.4 Perhaps reflecting the stated positive relationships between SBC and Care at Home providers, and the strength of contract oversight, Care Quality Commission (CQC) ratings for current providers within the Borough are encouraging and, alongside feedback from the Council's own PAMMS assessments, suggest a broadly well-run local sector. That said, the Committee recognise the numerous issues raised during this review, as well as the fact that some CQC inspections are now quite dated and some PAMMS inspections are still to be undertaken. Regarding capacity, the lack of a significant waiting list (around 10 as of November 2022) suggests that the local market is being catered for at present, though with a level of fragility that has developed since the beginning of this year. Robust planning for anticipated increases in demand (and in the complexity of cases) will be essential.

5.5 Whilst it was important to understand the Council's involvement in the Care at Home sector, seeking views directly from local providers was crucial in establishing the key issues within the current, and potentially future, landscape. The Committee engaged directly with three existing services, and also considered feedback from a 2021 provider consultation undertaken by SBC. The vast majority reported a very positive relationship with the Council through involvement with initiatives such as Provider Forums, the SBC Well-Led Programme, and good working relationships with the Council's Transformation Managers and Quality Assurance and Compliance (QuAC) Team.

5.6 The impact of the COVID-19 pandemic cannot be underestimated. It has been documented nationally that the sector felt ignored compared to hospitals and care homes, and this was echoed by local providers (who also expressed understandable frustration after planning for mandatory staff vaccines which were subsequently shelved). Critically, staff have exited the sector due to a combination of demotivation, fatigue, increased living costs, and / or seeking better pay outside the care sphere, and providers have found it difficult to recruit. Retaining good quality staff and attracting the right people into the sector through appropriate pay and conditions (including pathways to progress if desired) is clearly an essential priority moving forward, and, to aid this pursuit, the Committee encourage services to liaise with local colleges regarding those undertaking relevant NVQs in health and care as part of their future workforce planning.

5.7 Linked to the recruitment and retention of staff, the central issue of fees paid by the Council to Care at Home providers is of crucial importance, particularly given the significant escalation in costs during 2022. Evidence presented to the Committee showed that SBC was broadly in line with the average for all other 13 Councils across the north of England, though it is acknowledged that comparisons can be misleading without understanding the detail of what is expected within each individual contract. That said, the use of incentives to encourage providers to pay their staff higher wages is commended, though the Committee recognise that the Council's ability to do this continues to be squeezed by the ever-increasing pressure on its overall budget.

5.8 As well as focusing on pay / conditions of care workers and ensuring sufficient time to provide care (linked to staffing levels), local services also highlighted the need for friendly, respectable and skilled workers in order to deliver high quality packages of care within an individual's own home. The Committee endorse the suggestion of a national register for carers to boost the status of care workers and give reassurance to those individuals / families seeking support. In the continued absence of this, the feasibility of a local register should be examined further.

5.9 Another vital perspective the Committee wanted to seek was that of those accessing services (including any associated family / informal carer views). Consideration was therefore given to a range of service-user feedback, including information collected by providers following their own engagement with their clients (a required element within their contract). Themes to emerge included issues around communication (lack of clarity regarding visit times and changes to visits (times and staff attending); problems liaising with offices), duration of visits (not long enough), and some uncertainty on how to raise a complaint / concern – however, comments about the actual care received were generally positive. Service-user views obtained as part of the

Council's PAMMS assessments were also presented and demonstrated proactive approaches by providers in dealing with any issues raised in a timely manner.

5.10 Mindful not just to rely on the feedback being supplied by local providers themselves, the Committee also undertook its own survey of service-users / families / informal carers which was made available through a variety of mediums. Whilst the response rate was limited (23), similar themes to those identified within the provider information could be found, namely continuity of staff, a lack of communications about any changes to planned visits, and some uncertainty around raising concerns / complaints. Again, the quality of care being received was commended despite issues of staffing consistency. The Committee did express concern around the logging of visits (i.e. that this was done not only via electronic means and was visible to a service-user and their family / informal carer), though assurance was subsequently submitted which showed that providers could offer paper-based logbooks where requested.

5.11 For a wider appreciation of the issues affecting the overarching Care at Home sector, the CQC, as regulator, was invited to present its view on the current situation. Highlighting similar issues which affect the whole of adult social care (staff vacancy rates, high turnover of staff and low pay), further concerns in respect of zero-hours contracts, lack of pay for (and increasing cost of) travel, and the move towards commissioning domiciliary care in 15-minute increments (noted by one local provider to be an insufficient amount of time) were also outlined.

5.12 All contributors to this review have identified a host of key issues for the sector moving forward. Top of the list are concerns around staff recruitment and retention, and the associated factors which may influence this (i.e. pay, perceived poor status of care workers, fatigue (due to COVID impact), and better opportunities in alternative industries). From a provider viewpoint, as well as the ability to adequately staff their service, increasing fuel and other inflationary costs as a result of national / international developments are a further significant problem. The inclusion of a 'recruitment and retention in the care sector programme' as part of the Council's ongoing planning for future contract arrangements (of which the Committee was briefed as part of this review) is therefore welcomed, as are the anticipated developments around technology to reduce reliance on welfare calls.

5.13 There are clearly difficult decisions around the allocation of funds in the aftermath (and lingering impact) of COVID-19, but there appears a simple choice for authorities – either fully support the Care at Home sector (thereby boosting its profile) which can help alleviate pressures on other already stretched parts of the health and care system, or face the possible consequences of a dwindling number of providers operating in the market. Care at Home services are a key pillar of social care provision which many would say have been undervalued for too long, and whilst commitments to support the care sector are oft-spoken, words need backing-up with actions. The present situation appears fragile, and the loss of any existing services could lead to fewer choices and longer delays in accessing much-needed provision.

5.14 In light of this sensitive time for the sector, the Committee looks forward to learning about the outcome of the national 'fair cost of care' exercise (of which SBC has contributed to) which aims to establish a fair and sustainable future cost of providing such services. Like many industries, there remains a need for some degree of certainty moving forward to enable confidence in the sector and an ability to plan and recruit, not only for providers themselves but also for Local Authorities who have oversight of the local market. Worryingly, recent confirmation of further delays to the anticipated Adult Social Care reforms do not offer encouragement that clarity will be provided. As those in authority promote the notion of enabling people to, as far as possible, retain their independence within their own homes (with access to good quality and responsive services for those who need them), encouraging providers to remain in or enter the Care at Home market, encouraging the right personnel into the sector who can see this as a viable career, and encouraging local operators to come together, share ideas / concerns and address issues for the benefit of themselves and the growing number of people who use Care at Home services or are likely to choose / require these in the future, has perhaps never been more pressing.

Recommendations

The Committee recommend that:

1) **Stockton-on-Tees Borough Council (SBC) ensures all registered Care at Home providers across the Borough are visible within the Stockton Information Directory (indicating if they are included in the SBC Framework Agreement), and that this list is accessible via the Council website.**

2) **A regular feature is included within Stockton News regarding the local Care at Home sector (i.e. good news story, staffing opportunities, etc.).**

3) **SBC / Care at Home providers consider existing, and potentially new, mechanisms to engage with local colleges / schools to promote opportunities to work in the care sector.**

4) **SBC reinforce with local providers the need to ensure service-users and their families / informal carers are fully (and repeatedly) aware of how to raise an issue / complaint regarding the care they are receiving (including directly to the provider themselves or to SBC) and that this is responded to in a timely manner.**

5) **Providers ensure their back-office functions are adequately staffed and that appropriate mechanisms are in place to keep service-users updated on any changes to planned visits (whether these be in relation to timings or actual staff attending).**

6) **As far as possible, providers set a multiple-week rolling staff rota and that this is shared on a weekly basis with service-users (and, where relevant, families / informal carers).**

(*continued overleaf…*)

Recommendations (continued)

The Committee recommend that:

7) **SBC, in conjunction with local providers, continues in its efforts to raise the profile of the care sector within the Borough. To boost the status of care workers and give reassurance to those individuals / families seeking support, this should include lobbying for Care at Home staff to be regulated through a national register (e.g. inclusion within the Health and Care Professions Council) and investigating the feasibility of a local register.**

8) **Linking-in with the push for the integration of care, SBC act as a conduit to foster closer links between local Care at Home providers and NHS Trusts.**

9) **SBC continue to provide a platform for local providers to come together and share ideas / learning / concerns, and that those not engaging are encouraged wherever possible to join the ongoing conversation.**

10) **The use of 15-minute welfare calls is minimised and used only when appropriate as part of a wider package of care.**

11) **SBC continue to explore and deploy other options to support welfare, including tele-assist and technology.**

12) **Consideration be given to standardised questions for providers to issue to their clients in order to evaluate quality and performance, and for responses to be submitted to SBC as contract managers.**

13) **SBC varies the Call Scheduling and Monitoring element of the specification for a Care at Home and Domestic Support Service to ensure local providers offer (and issue where requested) non-electronic logbooks to document visits to an individual's home, and that this option is reflected within their service-user information packs.**

14) **A joint letter from the SBC Cabinet Member for Adult Social Care and Chair of the Adult Social Care and Health Select Committee is sent to the relevant care minister and local MPs regarding the key findings of this review, reiterating the need for appropriate future support of the sector.**

15) **Regarding the national 'fair cost of care' exercise:**

    a) **Outcomes of this be presented back to the Adult Social Care and Health Select Committee once published, along with the Council's response to the key findings.**

    b) **SBC reviews the balance of costs it pays both care home and Care at Home providers to ensure this remains a fair allocation in light of ever-changing demand.**

APPENDIX 1: Providers' engagement with those accessing services – summary of feedback (Sep 22) *(note: in some instances, the data submitted may cover a wider area than just Stockton-on-Tees; also, providers have been anonymised and are shown in a different order to those in the table on page 33)*

Provider 1	July 2022
Headline Data (number of responses not stated)	
• Overall Service: 29% outstanding; 48% good; 15% req. improvement; 8% inadequate	
• Safe: 27% outstanding; 57% good; 9% requires improvement; 7% inadequate	
• Effective: 24% outstanding; 49% good; 16% requires improvement; 10% inadequate	
• Well-Led: 30% outstanding; 40% good; 22% requires improvement; 7% inadequate	
• Response: 35% outstanding; 35% good; 20% requires improvement; 9% inadequate	
• Caring: 34% outstanding; 50% good; 12% requires improvement; 8% inadequate	
Comments	
All carers are very helpful and where possible they come on time, they always listen to me and all staff have been great.	
My Regular carer knows me very well, she always treats me with respect and dignity. Staff who I see on a regular basis on the whole treat me with respect and dignity.	
Everyone working for the company are very professional and caring and I cannot thank them all enough for the outstanding care my mum receives.	
Identified Actions	
People did not always receive weekly care schedules: Rota's will be redistributed Every Saturday; Family Portal Accessible to All customers / family – Newsletter to be distributed.	
Not informed if time of care visit had changed: Care rosters to be fully audited and weekly spot checks to be carried out. Front of House Administrative Staff to be Increased to manage volume of internal calls. Changes to domestic / social / shopping support will only be authorized by manager once customer has been notified and accepts the change.	
Not notified when care workers changed / cancelled at short notice: Sickness & Absence Monitoring – Bradford Factor Introduced to reduce number of Persistent short-term sickness absence, with no underlying medical condition or other reasonable reason.	
Continuity of care: Recruitment campaigns increased to reflect staffing levels. Weekly monitoring in place.	
Improve communication between office & customers: Staff training / reinforce standards.	
Addressing customer feelings of rushed visits: Live data from each visit is collated, this is reviewed on a weekly basis. Staff who frequently leave visit early without justification are currently under supervision and observation.	

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Provider 2	2021 (Teesside & North Yorks)
Headline Data	
Supported Living (21 responses) • Large majority (18) knew how to make a complaint / suggestion • Large majority (16) knew what to do if they or someone they knew felt unsafe • 7 respondents wanted more opportunities to have their say (inc. in recruitment of staff) • Large majority felt they were always respected (17), listened to (15), and happy (17)	
Floating Support Model and Independent Support (21 responses) • Large majority (18) said support workers were arriving on time for support visits • Small number (3) said they were not given enough notice when visits were rearranged • Small number (6) did not know how to make a complaint if unhappy with their support • Large majority felt they were always respected (16), listened to (15), and safe (17)	
Comments	
Supported Living • *Still nervous with new staff as they don't understand my moods and what I say.* • *Unhappiness not to do with the service*	
Floating Support Model and Independent Support • *Smaller group of support workers to visit me; quite stressful with new support workers.* • *Let staff communicate where there's a cancellation; have other staff to cover the call.*	

Provider 3	2021
Headline Data (69 responses locally)	
• 77% of customers were 'very satisfied' (41%) or 'satisfied' (36%) with the service	

• On a scale of 1-10 (1 being 'dissatisfied / highly unlikely'; 10 being 'very satisfied / highly likely'), average scores for the following were:
  ○ How comfortable would you feel in raising concerns – 8.0
  ○ Have we supported you to keep safe during the COVID pandemic – 8.3
  ○ Have we communicated appropriately during the COVID pandemic – 7.6
  ○ How likely are you to recommend the service to someone you know – 7.6	

• Nearly 60% were either 'very satisfied' or 'satisfied' about being kept informed about service changes; this was the same for the provision of opportunities to raise views	
• Large majority felt they were treated with dignity / respect (around 85% 'very satisfied' / 'satisfied') and as an individual (nearly 90% 'very satisfied' / 'satisfied')	
Identified Actions	
Evidence provided that identified issues raised by customers had been addressed by the provider directly with the service-user, and that actions had been put in place in response to the stated issues to the satisfaction of all parties (these included changes to medication, notification of delays to scheduled visits, staffing numbers / continuity, and ability of office staff to answer calls).	

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Provider 4	March 2022
Headline Data (21 responses)	
• Vast majority happy with service and large majority felt carers arrived on time	
• Most felt privacy / dignity was respected when assistance was being given	
• A small number felt staff were not well trained	
• Over half did not receive a rota every week identifying which carer will be assisting	
• A small number did not know how to raise complaints / comments / compliments	
• Large majority would recommend the service to others	
Identified Actions	
Care Co-ordinators to send all care staff and service-users weekly rotas every Thursday.	
Care staff now set on a two-week rolling rota to ensure consistency (this had previously been difficult due to the impact of COVID).	
Care staff reminded of current COVID guidelines and to ensure full PPE is worn on visits.	

Provider 5	2022
Headline Data (34 responses)	
• Majority felt they received a high standard of care (41% agreed; 35% strongly agreed)	
• In terms of having regular carers who they were familiar with, 15% strongly disagreed and 21% neither agreed nor disagreed	
• Majority knew who to contact if they had a query / concern about their care (44% agreed; 32% strongly agreed)	
• Majority felt supported – 24% neither agreed / disagreed; 6% strongly disagreed	
• Large majority were treated with dignity / respect (38% agreed; 53% strongly agreed)	
Comments	
'Disappointed in early stages at keeping to the times, has now improved.'	
'The girls who come to bath X are all lovely but we have a lot of different ones. The only thing I'm unhappy about is contact with the office…'	
'Office staff consistently put timings for calls at completely inappropriate times, care staff change it, so why can't it be allocated correctly? Care staff try their best but are restricted by what the office will allow.'	
'I've said I don't receive a high standard of care because they are forever changing time. I'd be happy with the service if the times were kept as they should be'	
'I am very well looked after but I have no particular person coming which I think is a pity'	
'The office should remember clients who self-medicate need regular times the same as the ones who need the carers to give medicines if to be taken with meals.'	
'Do not agree with the removal of visit books as we are no longer able to monitor visits and when medication is given. These books should be reinstated.'	

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Provider 6	March 2022
Headline Data (number of responses not stated)	
• Since support began o 43% of customers reported improved confidence (0% decreased) o 19% had improved health (3% decreased) o 38% had improved happiness (0% decreased) o 27% had improved independence (3% decreased) o 24% had improved life (0% decreased)	
• High praise for staff – vast majority of customers rated them 'excellent' for friendliness, helpfulness, the ability to do their job, and understanding of their needs	
• 54% were extremely satisfied with the service; 39% were satisfied.	

Provider 7	Survey date not stated
Headline Data (53 responses regionally)	
• 83% of family members felt that the team were always or usually quick to respond, whenever they had any questions or concerns	
• 89% of family members rated the support delivered to their loved ones as either excellent or good	
• 87% of family members felt that they were always or usually kept updated with regards to how their loved one is	
• 72% of family members would be extremely / highly likely (scores 10-8) to recommend [organisation] to their family or friend; 20% would not be at all likely / very unlikely (scores 1-3)	
• 75% of family members felt that they were extremely or very well involved within decision-making	
Comments	
Positive comments specifically referenced the colleagues who care for their loved one – these included: 'caring', 'committed', 'passionate' and 'exceptional'.	
Family members specifically highlighted communication issues and a shortage or high turnover of support colleagues. Specifically with reference to turnover, concerns were raised in relation to communication in terms of colleagues joining and leaving.	
Identified Actions	
Investigate different strategies for increasing engagement with family members.	
Potential areas for improvement / exploration: understanding of family member questions / concerns; frequency of updates regarding loved one; involvement in decision-making.	

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Provider 8	2021-2022
Headline Data (number of responses not stated)	

• Service-Users: positive feedback received in relation to most elements of the survey – only aspects that scored less highly were:
  ○ the maintenance of equipment
  ○ the notification of any changes in the staff member who is scheduled to care for them (so the service-user knows who to expect)	

• Staff: very positive feedback received in relation to most elements of the survey – the only aspects that scored slightly less highly (though were still very high) were:
  ○ staff who administer medication have competency assessments completed regularly
  ○ I receive supervision and appraisal which help me develop skills
  ○ I have an employment contract and understand the terms and conditions
  ○ Staff are involved in the development of the aims and objectives of [organisation]	

Provider 9	2020-2021
Headline Data (21 responses)	
• All felt their privacy was well protected (29% very well; 71% extremely well)	
• All felt safe and cared for (38% very well; 62% extremely well)	
• Just under half felt the consistency of care was 'well enough' (19% very well; 33% extremely well)	
• All felt involved in decisions about their care (43% very well; 57% extremely well)	
• All felt supported to achieve their goals (19% very well; 81% extremely well)	
• Very small number (5%) did not know how to make a complaint	
Comments	
Numerous positive comments about the staff (friendly, well-trained, good standard).	
Consistency of carers and making service-users aware of changes to schedules or any delays was raised more than once.	
Uncertainty around how to make a complaint.	
Identified Actions	
Continuity: all rotas to be reviewed and templated.	
Communication: Care Co-ordinator / Seniors discussion regarding informing service-users of changes where possible.	

Care at Home Provider – Call Monitoring System			
Provider	**Electronic**	**Paper**	**Communication with families**
Care Matters	Yes	Yes	Use both electronic and paper-based logbooks – this is due to some clients/families not having internet etc. so prefer paper based.
Partners4Care	Yes	No	Families have access to the app – can view visits, times, notes, tasks allocated/which have been completed, which care worker allocated, arrival/departure time. If families/clients are struggling with using the app, the Co-ordinators will take time to coach anyone through the system, and can always seek support over the phone. Do not have any paper-based alternatives and all clients/families happy with current system. Paper rota's can be sent out for families/clients who prefer this.
Dale Care	Yes	No	Families have access to the app – can view visits, times, notes, tasks allocated/which have been completed, which care worker allocated, arrival/departure time.
Comfort Call	Yes	No	Families have access to the app – can view visits, times, notes, tasks allocated/which have been completed, which care worker allocated, arrival/departure time. In the past for families/clients who have preferred a paper book, the families have provided a dedicated message book that is used for family communications, but all families/clients are current happy with the app.
Green Square Accord	No	Yes	Still use paper logbooks.
Five Lamps	Yes	No	Families have access to the app – can view visits, times, notes, tasks allocated/which have been completed, which care worker allocated, arrival/departure time. If family/client is not tech savvy, they do have paper logbooks they can put in on request (and have done previously) but have no family/clients on this system at present.

A lot of the Providers did use paper books for signing in and out, but with the implementation of Controcc, we contractually required all Providers to move to an electronic ECM system – extract from contract below:

Specification for a Care at Home and Domestic Support Service – ITT Schedule 1 (version 8 – page 53)

48. Call Scheduling and Monitoring

48.1 It will be a requirement of the contract for the Service Provider to implement a system that electronically monitors the provision of care to all Service Users. The purpose of introducing electronic home care monitoring is to help raise the standard of home care[1] (unless this is deemed inappropriate by the Council and formalised in writing). The system adopted by the Service Provider will be available and fully functional for the entirety of this contract and will not be unavailable for more than 2 consecutive days and / or 5 days in a 12-month period.

48.2 All visits commissioned by the Council must be recorded electronically and in real time by the Service Provider. The Service Provider's system must be able to generate alerts and should be monitored throughout the service delivery, in real time, to ensure any issues are highlighted early for immediate attention.

APPENDIX 3: Summary of SBC consultation / engagement with Care at Home providers and people accessing services (2022)

Care at Home Service: Consultation and Engagement

Following the presentation on the Care at Home service at the Adult Social Care and Health Select Committee meeting on 11th October, the summary below provides an update on the consultation and engagement work that has subsequently been undertaken.

Online Consultation with People Using the Service

An online consultation has been conducted with people who use the Care at Home service and their families and informal carers to seek their views on specific aspects of the Care at Home service. In total there were 32 responses:

- 6 responses from people currently using the service;
- 3 responses from families/informal carers of people currently using the service;
- 23 responses from people not currently using the service but who might use it in future.

Despite publicising the consultation and engagement through a wide variety of communication channels, the response rate from service users and their families and informal carers was low and significantly lower than for the consultation exercise we undertook in June/July 2021. We will review our methods of consultation and engagement and continue to seek opportunities to obtain the views of people who use the service and their families and informal carers.

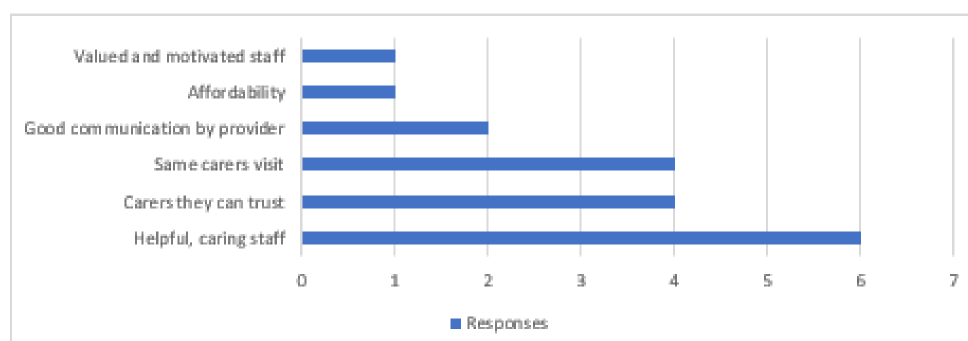
Summary of results from the online consultation

- When asked to choose what is more important to them, 59% of people responding preferred to have a group of carers who visit and get to know them well, compared to 41% of people responding who preferred to have carers who turn up at pre-arranged times.

- 78% of people who responded felt that they had sufficient control over what the carers do for them.

- 60% of people responding who receive evening/ bedtime calls felt that they do not have enough flexibility in the time of the call.

We asked people not currently using the Care at Home service but who might use it in future what would be of relevance or use to them if they were using the service. Their expectations are summarised below:



APPENDIX 3: Summary of SBC consultation / engagement with Care at Home providers and people accessing services (2022)

Engagement with People who use our Service

A focus group was arranged for 3rd November but unfortunately was cancelled due to a lack of response. However, we have visited the Halcyon Centre to speak to people who use the Care at Home service and were able to obtain the views of approximately ten people who have lived experience of the service. We are actively seeking other opportunities to engage with people who use the service. Four people who responded to the online questionnaire indicated that they would be interested in participating in a consultation group on the Care at Home service and we will be contacting these people directly.

Engagement with Service Providers

All service providers have been invited to meet with officers to discuss those aspects of the Care at Home service that are being considered as a result of the service review. Meetings were held with the eight providers who responded to the invitation. A summary of responses is provided below:

Aspect of service	Summary response
Welfare calls	• All providers felt that welfare calls are too short and task-focused. • Support for consideration of use of telephone and/or technology-based alternatives where appropriate.
Evening/ going to bed calls	• Providers identified issues around staff capacity and safety of lone workers at night. • Providers felt there was scope for consideration of wellbeing telephone calls or technology alternatives where appropriate.
Task-led care	• Providers felt there could be challenges in managing expectations of families if an outcome-focused approach was adopted. • Difficulty for provider to monitor the quality of delivery by staff if a more outcome-focussed approach was adopted.
Use of technology	• All providers welcome increased use of technology to support service delivery where appropriate.
Complexity of care	• Some providers felt that there has been changes in the complexity of needs and the training required to respond to them.
Recruitment and retention	• All providers reported ongoing challenges around the recruitment and retention of good quality care workers.

Further meetings will be arranged with providers to seek their views on aspects of the Care at Home service.