

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

SCRUTINY REVIEW OF CARE AT HOME

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.

Recommendations

The Committee recommend that:

- 1) **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.**