

PART 1 - PUBLIC

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**Decision Maker:** **Adult and Community Services Performance Development and Scrutiny Committee**

**Date:** 14<sup>th</sup> April 2010

**Decision Type:** Non-Urgent                      Non-Executive                      Non-Key

**Title:** **QUALITY MONITORING OF DOMICILIARY CARE SERVICES**

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**Chief Officer:** Terry Rich, Director of Adult and Community Services

**Ward:** Boroughwide

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1. Reason for report

This report informs Members of the work undertaken to monitor the quality of domiciliary care services provided in the borough.

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2. **RECOMMENDATION(S)**

Members are asked to note that:

- a) All domiciliary care providers used by the Council are rated good or excellent by the Care Quality Commission. The Council constantly monitors domiciliary services and takes action where concerns are raised.
- b) The Council undertakes quality assurance visits to individual service users.
- c) The Council uses lessons learned from complaints and safeguarding alerts to work with providers continuously improve services.
- d) A report on domiciliary care will be made annually to this Committee.

## Corporate Policy

1. Policy Status: Existing policy. Providing care and support to people to help them remain in their own home for as long as possible
  2. BBB Priority: Excellent Council. Supporting independence
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## Financial

1. Cost of proposal: No cost There are no costs directly arising from this report.
  2. Ongoing costs: N/A.
  3. Budget head/performance centre: Care Services, Domiciliary Care Budgets
  4. Total current budget for this head: £12m
  5. Source of funding: Existing revenue budgets
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## Staff

1. Number of staff (current and additional): LBB staff are engaged in contract monitoring and quality assurance; domiciliary care staff are employed directly by providers; the in house home care service employs 146 staff
  2. If from existing staff resources, number of staff hours: 1.5 FTE staff engaged in contract monitoring/ quality assurance; 146 staff employed by LBB to plan and deliver in house domiciliary care service
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## Legal

1. Legal Requirement: Statutory requirement.
  2. Call-in: Call-in is applicable
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## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 1800 current service users receive domiciliary care
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## Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments:



### **3.0 COMMENTARY**

- 3.1 The Council supports approximately 1,800 people in Bromley to stay in their own homes through the provision of domiciliary care services. In September 2009 the Adult and Community Policy Development and Scrutiny Committee (ACS PDS) considered the results of a survey of domiciliary care service users aged 65+ which showed high levels of satisfaction with services amongst the respondents. However Members requested a more detailed report in April 2010 to inform Members of the results of the range of work undertaken to monitor the quality of domiciliary care services in Bromley in order to provide some context for the survey results.
- 3.2 The report explains the contract monitoring and quality assurance processes which are in place for both external domiciliary care agencies and the in house service. Information is collected through visits to care providers, feedback from service users and the Council's care management staff, and from complaints and safeguarding data.
- 3.3 All of the providers used by the Council, including the Council's in house service, have achieved a good or excellent rating from the Care Quality Commission (CQC). Council staff have worked with providers to effect a number of improvements (see paragraph 3.13) particularly in relation to changing staff rotas to prevent rushed visits and increasing supervision of care staff. Across the 28 external providers and the in house service there were 96 formal complaints in 2009 of which over half related to missed or late visits. An electronic monitoring system has been implemented in the in house service which records the care worker's arrival and departure times which should help to reduce the number of these complaints. Some external agencies also use or are planning to use this system.
- 3.4 The ACS Department has strengthened its quality assurance resources since the home care survey was carried out in order to ensure that service user experience is being carried through into formal contract monitoring and has included the in house home care service in the departmental monitoring regime.
- 3.5 Of 11 safeguarding referrals relating to domiciliary care during the past year only one was substantiated. The learning from this, and from one particularly serious complaint, has been acted upon and incorporated into routine monitoring.
- 3.6 This is the first report which A&C PDS Members have received on the quality of domiciliary care services and it is intended that it should become an annual report in line with the practice for care home monitoring.

### **REGISTRATION**

- 3.7 Domiciliary care agencies providing personal care are subject to registration by the Care Quality Commission (CQC). Agencies are rated from nil (poor) to three (excellent) stars and these ratings are published on the CQC website. A brief description of the standards for each of the star ratings can be found at Appendix 1 with a list of the agencies in Bromley and their star ratings at Appendix 2. There are no zero or one star agencies registered in Bromley. All of the providers used by the Council are rated two or three star.
- 3.8 All agencies are visited by the CQC at least once every three years. Visits can be more frequent if CQC consider it to be necessary. CQC require agencies to complete a self assessment on an annual basis. The data provided is used in conjunction with feedback from service users, any concerns which may have been raised by other stakeholders and the agency's current star rating to decide how often inspection visits are scheduled.
- 3.9 The Council continually monitors the registration status of domiciliary care agencies and if at any time there are concerns about this status the contractual arrangements with the agency are reconsidered.

## CONTRACT MONITORING

3.10 For 2009/10 a new monitoring regime was introduced which ensures that meetings are held with the providers handling the majority of care packages routinely every quarter. The Contract Compliance officers have developed a monitoring framework based on the requirements of the Department of Health's (DoH) Domiciliary Care National Minimum Standards and the service specification within the contract. This framework covers four key areas:

- ❖ Assessment and Care Planning
- ❖ Protection of Service Users and Staff
- ❖ Staff and Training
- ❖ Organisation and Running of Business

3.11 Each key area is broken down into sections which are discussed, evidenced through documentation and then fed back upon. Recommendations are made where appropriate and an action plan drawn up. This action plan is then followed up on subsequent visits.

3.12 The in house home care service is regulated by the CQC in the same way as external agencies. Regular quality monitoring is firstly the responsibility of the service itself and in addition officers from the Departmental Contract Compliance team undertake regular checks. In this way the process for monitoring the in house service now mirrors that for external agencies. There have also been a number of quality assurance audits of the in house service which have resulted in recommendations and actions plans for the service.

3.13 Areas identified during monitoring and addressed by agencies during 2009 are outlined briefly below.

- ❖ The need for annual reviews of service plans identified and implemented.
- ❖ The need for annual reviews of risk assessments identified and implemented.
- ❖ Increases in the frequency of staff supervision implemented.
- ❖ Adjustments to staff rotas to include travel time and to avoid 'call cramming'.
- ❖ Changes to staff rota planning implemented to improve cover.
- ❖ Development of existing medication policy and procedure to cover medication refusal and disposal.
- ❖ Changes to office team structure following feedback regarding slow response times when taking on new care packages.
- ❖ Out-of-hours procedures being altered after issues were identified following two complaints.
- ❖ Improvements made to business continuity plans to formalise arrangements for staff when business premises are out of use due to an emergency.
- ❖ The need for senior care staff to follow up on recommendations made as part of a risk assessment review and to review paperwork before filing.

## **FOLLOW UP TO HOME CARE SURVEY 2009**

- 3.14 Following the home care survey in 2009 a Quality Assurance Officer was employed to work with the in house home care service to visit service users and their carers to find out first hand how well the service was performing. A standard questionnaire was used to check users' views and experience of the service against a number of items including compliance with the care plan, timeliness, respect for the user and good professional care. Over 200 service users (70% of the total) were contacted and any issues raised have been acted on.
- 3.15 The post was transferred to the Review and Brokerage Team in ACS Care Services in January 2010 so that this work could be carried out across all the domiciliary agencies working for Adult and Community Services. The postholder works in conjunction with the Contract Compliance and Development Officer in the Contracts Team to collate information about the performance of the agencies. It was decided to concentrate on those agencies that had a lower user rating in the survey and so far over 75 people have been visited. The information collected is being used in contract meetings with the agencies to assist them to improve their services.
- 3.16 Analysis from the initial round of visits has been undertaken and key areas have been identified which the contract compliance officer is working with the agencies in addressing. These are consistent with the issues raised by service users in the survey:
- Service users not being informed in advance of a change of carer
  - Carers in a rush
  - Carers not always staying for the full length of the planned visit
- 3.18 When issues about poor standards of service are raised through contract monitoring or by other stakeholders LBB officers initially investigate them with the agency. Often the investigation will result in the setting of an action plan for the agency which is then regularly monitored to ensure that improvements are made and sustained. If standards fail to improve officers may take additional action; for instance new placements to the agency may be suspended until improvement has been demonstrated. The Bromley multi agency Adult Safeguarding Board has recently agreed a protocol to cover suspension or termination of placements or other services in the event of safeguarding concerns. If action of this serious nature is taken then officers also take steps to ensure that all other existing customers are receiving a satisfactory service. Regular meetings are held between the Contract Compliance Team, commissioners and brokers and care managers from Care Services Division to ensure that performance information and concerns are shared appropriately.
- 3.19 In the course of the quality assurance work three Adult Safeguarding issues were identified and have been followed up. Although the referrals were not substantiated, this demonstrates the benefit of direct contact with service users for quality assurance as these service users had not contacted anyone about the safeguarding problems.
- 3.20 The Contract Compliance Officers also work with both service users and the providers' quality assurance staff in order to validate the performance monitoring information provided. A variety of methods are used to gather feedback including questionnaires, home visits, telephone calls and feedback from care manager reviews.

## **COMPLAINTS**

- 3.21 Changes to the complaints procedure came into effect at the beginning of 2009 which resulted in front line staff taking the lead when dealing with informal complaints. Formal complaints are forwarded to the contract compliance officers by the ACS complaints team or care management for investigation. Investigations are conducted with the agency in question who are expected to

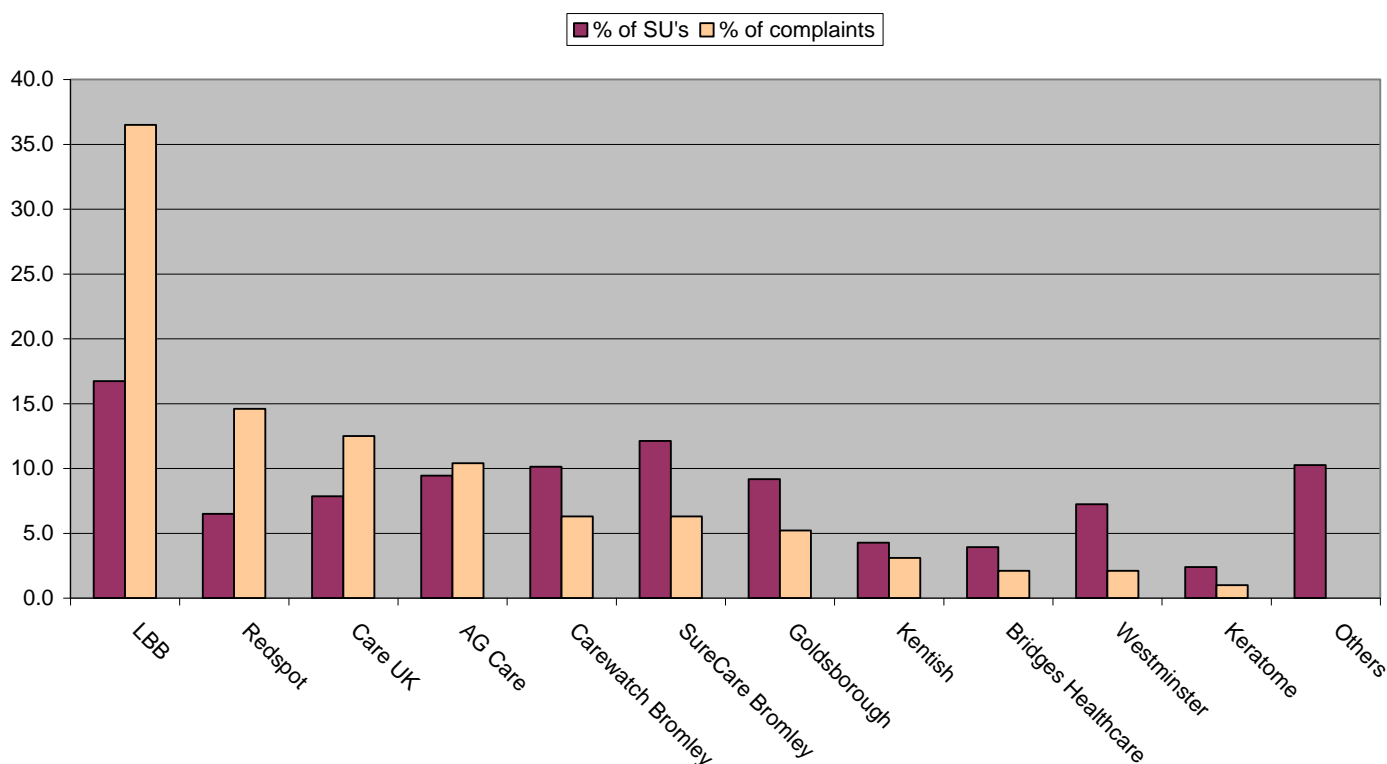
provide any information relevant to the complaint. This may include timesheets, care records from service users' homes and statements from any agency staff involved in the issues raised.

3.22 During 2009 there were 96 formal complaints about domiciliary care. Of those 80% were upheld or partially upheld. Over half of these complaints relate to missed or late visits. The Contracts Compliance officers follow up on complaints as part of the monitoring process, underlining the need for lessons to have been learnt in order to prevent similar complaints being raised in future. As an example of improvements, changes to staff rotas have been made to allow travel time in an attempt to reduce complaints regarding lateness.

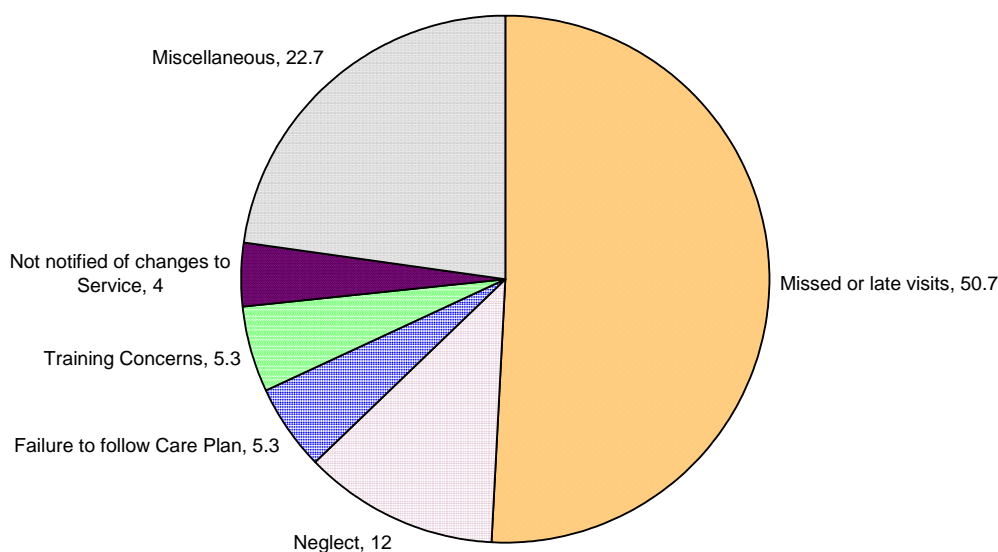
3.23 There was one very serious complaint made during 2009 relating to the in house homecare service. The Council has introduced measures to mitigate the risk of the issues raised in this complaint being repeated. An electronic monitoring system has been introduced which records a carer's arrival and departure from each visit. This ensures that carers do not cut visits short and where the user needs double handed care that both carers are present. The service has also introduced unannounced quality monitoring visits which are undertaken by supervisors. The lessons learned from this complaint have been shared with all other agencies. A number of the external agencies were already using, or preparing to use electronic monitoring systems.

3.24 The charts below shows the distribution of these between the various providers used by the Council and the nature of the complaints.

#### **Breakdown of Complaints by Agency**



### Complaint Breakdown (%) by Type



## SAFEGUARDING

- 3.25 When safeguarding alerts are received the Care Management teams instigate the Bromley multi agency safeguarding procedures. Monitoring officers can be involved in safeguarding investigations and always follow up on learning points or action plans at the conclusion of each case. The Council's Adult Safeguarding Manager convenes the Care Services Review Group which brings together safeguarding and contract compliance with the safeguarding lead practitioners and Primary Care Trust staff in order monitor current information, identify any patterns which need investigation and share any safeguarding concerns about local homes and domiciliary care agencies. This ensures that any potential issues are picked up and factored into monitoring and training programmes early.
- 3.26 The Council investigated 11 referrals about safeguarding in respect of domiciliary care agencies during 2009. Of these only 1 was substantiated. The referrals concerned suspected financial abuse, physical abuse or neglect. In every case of suspected financial abuse and in many other cases the police are involved and the care worker suspended as a matter of course whilst an investigation takes place. Officers consider all information available to establish the facts, including whether or not there are patterns of complaints or grumbles about the care worker, or from the user. Where allegations against care workers are substantiated they are reported to the Independent Safeguarding Authority (ISA) which has set up a register to prevent their future employment.
- 3.27 The safeguarding team regularly attends provider forums in order to ensure that providers are kept up to date with changing requirements, such as the changes to the vetting and barring scheme. Providers are now represented on the Adult Safeguarding Board which ensures that provider issues are considered as part of this multi agency approach.
- 3.28 New clauses were added to all contracts to reflect the strengthened safeguarding arrangements put in place by the Council during 2009.

## JOINT WORKING TO IMPROVE STANDARDS



- 3.29 The Council hosts a Domiciliary Care Provider Forum which works to improve on quality and consistency of care in peoples' homes and to promote and share good practice. Membership of the forum is extended to all local agencies, whether or not they contract with the Council. The forum has an annual work plan which has concentrated this year on safeguarding, development of a quality framework, business continuity planning and the impact of the Supporting Independence in Bromley programme.
- 3.30 The Contract Compliance Team is developing a quality assurance framework (QAF) which will enable measurement of the performance of agencies against a range of standards. The QAF has been adapted from the one developed and successfully used for the Supporting People Programme. Providers are required to self assess and gather evidence which demonstrates how they're meeting the agreed standards. Compliance Officers will then validate the collected evidence during monitoring visits. Standards are graded in three groupings 'A', 'B' and 'C' across seven key areas. 'C' graded standards are based upon the DoH National Minimum Standards whilst 'B' and 'A' graded standards require providers to demonstrate continuous improvement to the quality of service.
- 3.31 Providers have been consulted about the content and proposed standards in the QAF and the monitoring officer is now using it to establish a baseline position. The first scores against the QAF should be available for the annual report to Members in 2011.

## **TRAINING**

- 3.32 To assist in raising the standards of training for care workers, the Council's Learning and Development service organises training for staff in the in house service. In addition the Council, as purchaser of care services from the private/ independent sector, is committed to working in partnership with local providers to ensure adequate provision is made for training and that providers can access a comprehensive training programme. External domiciliary care agencies are offered membership of a training consortium managed by the Council where providers can pool their available training funds and purchase places on training programmes. Courses are run throughout the year to address identified training needs. The Council works continuously with providers to ensure that the courses provided are timely and assist providers in balancing the competing demands of delivering care and ensuring that staff receive both induction and refresher training.
- 3.33 The training courses provided for agency managers and their staff address the National Minimum Standards for registered care services. These standards include requirements about the competence of the workforce including their suitability, experience and qualifications. The overall intention of the Care Standards Act 2000 is to improve the quality of care provided and to ensure that services delivered meet user needs.
- 3.34 There are 20 agencies registered to work in Bromley. Currently there are 14 members of the training consortium, (an increase of 2 from 2009). Agencies that are not members of the consortium are responsible for ensuring that their staff are adequately trained and the monitoring officer follows this up by scrutinising staff training and supervision records.
- 3.35 Within the training programme approximately 32 different courses are currently provided, of which 4 are core training courses; first aid, food hygiene, health and safety and manual handling. The other courses are also valuable learning opportunities for care staff to gain additional skills and knowledge to help them carry out their duties. These include dignity in care, dementia, diet and nutrition, safe administration of medicines and infection control.
- 3.36 During the year additional courses were scheduled to reflect current key issues. These included:

- ❖ a specific course in English used in the care scenario.

- ❖ additional moving and handling courses.
  - ❖ additional refresher courses in moving and handling focusing on double handed care
- 3.37 The programme is regularly updated and reviewed to include training on new legislation such as Mental Capacity Act training and Deprivation of Liberty legislation. The Council also works with the Primary Care Trust (PCT) to identify opportunities for joint health and social care training.
- 3.38 Staff attending training courses are required to complete a test demonstrating that the learning experience has been successful before receiving certification of attendance. The consortium administrator works closely with trainers in order to identify any areas of training which require further attention.
- 3.39 Business continuity planning has been another focus of attention during 2009 and 2 events were held for social care providers at which they were able to test their individual plans out in a pandemic scenario and see how these would fit in with the Council's business continuity and emergency planning arrangements. These have been tested twice during the year due to difficult weather conditions and in each case arrangements were found to be robust.

### **SUPPORTING INDEPENDENCE**

- 3.40 The Council's approach to Supporting Independence will change the way that domiciliary care is commissioned for some people. It is anticipated that in order to meet their needs more flexibly a number of service users will choose to directly employ a personal assistant. A personal assistant can be a friend, neighbour, or family member and may not necessarily have received specific training. Officers are exploring the potential for making training available to Personal Assistants through the Training Consortium. This would assist in maintaining the quality of care offered to service users and could cover at least the induction courses which all agency staff are required to undertake.
- 3.41 The external contracts expire in February 2012 when new contract arrangements will be put in place which will reflect the impact of the Supporting Independence programme.

### **DIGNITY IN CARE**

- 3.42 In April 2009 the Council, Bromley PCT, Oxleas Trust and Princess Royal University Hospital jointly hosted a Dignity in Care conference through Bromley Older People's Partnership Group. The main focus was to share good practice across providers and this was achieved as there was a good attendance from front line practitioners. The conference promoted a "Dignity in Care" award which was open to all Bromley providers. The 2009 award, sponsored by Age Concern Bromley, was jointly won by a care home and a domiciliary care provider.
- 3.43 The Contract Compliance team ensured that the national Dignity in Care day on 25<sup>th</sup> February 2010 was publicised in the borough. Materials to assist providers to understand the concept of dignity were assembled and sent out to all providers, a display was put in the Civic Centre reception on the day and the day was flagged up on the LBB website. Officers also ran a competition between providers for imaginative activities undertaken to celebrate the day and these will be publicised as good practice via the Provider Forums. Attendees at every consortium training course are given a "credit card" setting out the ten standards of the dignity challenge.

## **4 POLICY IMPLICATIONS**

National and local policies expect that continuous improvement be achieved in the quality of care delivered by domiciliary care agencies serving the local community.

## 5. LEGAL IMPLICATIONS

- 5.1 Under the NHS and Community Care Act 1990 the Council has a duty to assess individuals requirements for social care support and depending upon those needs to provide for them. The legislation governing the provision of the support will depend upon the nature of the services required and the reasons for the individual's need for such services: National Assistance Act 1948, Chronically Sick and Disabled Persons Act 1970, Mental Health Act 1983
- 5.2 The Care Standards Act 2000 sets out the standards of care to be provided including that for domiciliary care. This has been supplemented by the requirements of domiciliary care agencies to be registered by the Care Quality Commission pursuant to the Domiciliary Care Agencies Regulations 2002.

<b>Non-Applicable Sections:</b>	Financial implications. Personnel Implications
Background Documents: (Access via Contact Officer)	ACS09097 29 <sup>th</sup> September 2009 Domiciliary Care Services for Older People User Experience Survey

**Appendix 1. Summary of the DoH National Minimum Standards for Domiciliary Care**

User Focused Services	1	Service users have access to information regarding the service and how it meets their needs
	2	Care needs are individually assessed prior to the provision of a service
	3	Agency staff have the skills and competence to meet service users' needs
	4	Service users have written contracts
	5	Staff deal with confidential information appropriately
	6	Service users receive a flexible, consistent and reliable service
Personal Care	7	Service users have individual service user plans
	8	Service users' rights to dignity and privacy are respected
	9	Service users are supported in maintaining their independence
	10	Service users are responsible for their own medication or it is administered appropriately
Protection	11	The health, safety and welfare of service users and staff are promoted and protected
	12	Risks are assessed to minimise the chance of harm coming to service users or staff
	13	Service users money and property are protected at all times
	14	Service users are protected from abuse, neglect and self-harm
	15	Service users are protected and are safe and secure in their own homes
	16	Service users health, rights and best interests are safeguarded by record keeping
Managers and Staff	17	Service users are safeguarded by agencies recruitment policies and procedures
	18	Service users benefit from clarity of staff roles and responsibilities
	19	Agencies have suitable training programmes
	20	Staff are trained to undertake the tasks for which they're responsible
	21	Staff are regularly supervised
Organisation and Running of Business	22	Service users receive a consistent, well managed and planned service
	23	Service continuity is safeguarded by the agency's accounting/financial procedures
	24	The best interests of service users are safeguarded by the keeping of accurate records
	25	Service users are safeguarded by robust policies and procedures
	26	Agencies have a well publicised and accessible complaints procedure
	27	Quality assurance monitoring ensures that the service is run in the best interest of the service users

Agency	Current CQC Star Rating	Date of last CQC Inspection Visit	No of SU's (Jan '10)	LBB Contract Monitoring Visits 09/10
AG Care	3	Nov-09	159	2
Amazing Healthcare Solutions Ltd	2	Dec-09	4	1
Beverley Martins Ltd	2	Jan-09	1	-
Bridges Health Care Ltd	3	Jan-08	78	1
Bromley Autistic Trust	2	Nov-08	20	-
Care UK Homecare	2	Feb-08	140	2
Carewatch Bromley	2	Feb-09	160	3
Community Options Ltd	2	Aug-08	57	1
Douglas Care and Domestic Services Ltd	3	Jan-09	17	-
Goldsborough Healthcare Ltd	2	Feb-09	158	2
Heart of the South	2	Jan-08	2	-
Kent Care At Home (Leonard Cheshire)	3	Sep-08	11	-
Kentish Nursing and Homecare Agency	2	Dec-09	86	2
Keratome	2	Oct-07	42	2
LBB in house home care service	2	Jun-09	289	1
Mackley Home Care Ltd	2	Oct-07	60	2
Mindcare Beckenham	3	Dec-09	24	1
Mushkil Aasaan	2	Aug-09	1	-
Nightingale Home Care	2	Sep-08	3	1
Prestige Nursing	2	Oct-09	0	-
Redspot Homecare Ltd	-	Local Branch to be rated	119	2
SC Support and Care Services Ltd	3	Mar-08	1	-
Somali Carers Project	2	Feb-09	1	-
SORAG	3	Dec-08	5	-
SureCare Bromley	3	Sep-09	223	3
Sweettree Home Care Services	3	Aug-07	1	-
Home Care Partnership	3	Oct-09	1	-
Westminster Homecare Ltd	2	Dec-09	130	3

**Total  
Service  
Users: 1793**

**Star Ratings:**

- 0 - Poor
- 1 - Adequate
- 2 - Good
- 3 - Excellent